omit 5 Copies
propriate District Office
STRICT 1

D. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICT III 10 Rio Brazos Rd., Aziec, NM 87410

STRICT II
). Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| | Т | OTRAN | <u>ISPO</u> | RT OIL | AND NAT | TURAL GA | IS Wall | Pl No. | | - | |
|--|--|--------------|------------------|----------------|---|---|----------------|-----------------------------|-----------------|---------------|----------------------|
| renator | | _ | | | -025-11797 | | | | | | |
| Arco Oil & Ga | | 130-023-1.77 | | | | | | | | | |
| idress | Midlan | d Tova | c 79 | 702 | | | | | | | |
| P.O. Box 1610 Midland, Texas 79702 ason(s) for Filing (Check proper box) Other (Please explain) Effective 09/01/92 | | | | | | | | | | | |
| w Well Change in Transporter of: | | | | | | | | | | | |
| completion Oil Dry Gas | | | | | | | | | | | |
| hange of operator give name Earl R. Bruno P.O. Box 590 Midland, Texas 79702 | | | | | | | | | | | |
| hange of operator give name Laddress of previous operator | rl R. B | runo P | .0. | ROX 2 | 90 Midia | and, lexe | 15 /9/02 | | | | |
| DESCRIPTION OF WELL | AND LEA | SE | | | | 9745 1 | 1/1/92 | <u>Je</u> | | ase No. | |
| :ase Name | Well No. Pool Name, Including | | | | ng Formation nebry Lubb Drinkard State. | | | Foregral or Fee LC032579(e) | | | |
| Carlson B 26 | | 5 | Just | 1 <u>5 BII</u> | nebry / LL | u kounka | 7/01 | ^^^ | | | |
| Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East Line | | | | | | | | | | | |
| Section 26 Township | 255 | R | Range | 37F | , NI | ирм, Le | a | | | County | |
| [. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | | | |
| ime of Authorized Transporter of Oil | P.O. Box 2528 Hobbs, NM 88241 | | | | | | | | | | |
| Texas-New Mexico I | Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | |
| Sid Richardson Carbon & Gasoline Co. | | | | | 201 Main Street Ft. Worth, Texas 76102 ls gas actually connected? When? | | | | | | |
| well produces oil or liquids, | Unit Sec. Twp. Rge. | | | | 1 | y connected? | When | 7 N/A | | | |
| e location of tanks. his production is commingled with that f | mm any other | 26 I | 25S | | Yes ling order numb | per: | | м/ н | | | |
| COMPLETION DATA | | Oil Well | | s Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | · (X) | i | _i | | | | J | L | <u> </u> | <u> </u> | |
| ate Spudded Date Compl. Ready to Prod. | | | | | Total Depth | | | P.B.T.D. | | | |
| evations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| evations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | | | | | | | |
| riorations | | | | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND | | | | | CEMENTING RECORD | | | DI DI CONTROL | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | · | <u> </u> | | | |
| TEST DATA AND REQUES | T FOR A | LLOWAL | BLE | l and must | he equal to or | exceed too allo | wable for this | depih or be | for full 24 how | rs.) | |
| IL WELL (Test must be after recovery of total volume of load ou and must of the First New Oil Run To Tank Date of Test | | | | | | be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) | | | | | |
| : PIR NOW OIL ROLL | | | | | Casing Pressure Choke Size | | | | | | |
| ingth of Test | Tubing Pressure | | | | Casing Pressure | | | | | | |
| I D. J. Dudos Test | Oil - Bbls. | | | | Water - Bbis. | | | Gas- MCF | | | |
| ctual Prod. During Test | | | | | | | | | | | |
| AS WELL | | | | | | | | | | | |
| ctual Prod. Test - MCF/D | Length of Test | | | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | |
| ing Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| | | | | | | | | | | | LODED A TOP CERTIFIC |
| I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation | | | | | OIL CONSERVATION DIVISION | | | | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | Date ApprovedSEP 1 0 '92 | | | | | | |
| | | | | | Date | Vhhiosa | <u> </u> | | | | |
| Sand Calin | | | | | By_ | By ORIGINAL SIGNED BY JERRY SEXTON | | | | | |
| Signature Sames D. Cogourn - Operations Coordinator | | | | | -, _ | DISTRICT I SUPERVISOR | | | | | |
| Printed Name | | | | | Title | • | | | | | |
| 09/09/92 | 5 | 05/391- | -1600 xxxx No | | | | | | | | |
| Date | | retebu | ~~~ 1 ~ ∪ | • | 11 | | | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.