

Submit 5 Copies
to appropriate District Office
STRICT I
P.O. Box 1980, Hobbs, NM 88240

STRICT II
P.O. Box 1980, Artesia, NM 88210

STRICT III
P.O. Box 1980, Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Arco Oil & Gas Company	Well API No.	30-025-11798
Address	P.O. Box 1610 Midland, Texas 79702		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)	Effective 09/01/92	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name	Earl R. Bruno P.O. Box 590 Midland, Texas 79702		
Address of previous operator			

DESCRIPTION OF WELL AND LEASE			
Well Name	Well No.	Pool Name, Including Formation	Kind of Lease
Carlson B-26	6	Justis Blinebry	State, Federal or Fee
Location	Lease No. LC032579(e)		
Unit Letter	P	330	Feet From The East Line and 990 Feet From The South Line
Section	26	Township	25S
Range	37E	NMPM	Lea
County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipeline Company	<input type="checkbox"/>	P.O. Box 2528 Hobbs, NM 88241	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Sid Richardson Carbon & Gasoline Co.	<input type="checkbox"/>	201 Main Street Ft. Worth, Texas 76102	
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.
	I	26	25S
			37E
Is gas actually connected?	When?		
Yes	N/A		

If this production is commingled with that from any other lease or pool, give commingling order number.

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v
			Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Measurements			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE			
(L WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.))			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature	
James D. Cogburn - Operations Coordinator	
Printed Name	Title
09/09/92	505/391-1600
Date	Telephone No.

OIL CONSERVATION DIVISION	
SEP 10 1992	
Date Approved	
By	ORIGINAL SIGNED BY JERRY SEXTON
	DISTRICT I SUPERVISOR
Title	

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.
- 2) 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.