ubmit 5 Copies ppropriate District Office |STRICT| O. Box 1980, Hobbs, NM 88240

State of New Mexico inerals and Natural Resources Department

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

E

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUE	STFC	RAL	TO	WAE	LE AND A	AUTHORIZ	ZATION				
L	TC	TRAI	NSP	ORI	OIL	AND NAT	TURAL GA	NS Wall A	Pi Na			
Operator AND CAS COMPANY								30-025-11906				
ARCO OIL AND GAS COMP	ANY											
Address BOX 1710, HOBBS, NEW	MEXICO	88240							····			
Reason(s) for Filing (Check proper box)						Othe	z (Please expla	ún)				
New Well	a	ange in 1			(:	EF	FECTIVE:	4/28/9	92			
Recompletion 57	Oil	_	Dry Ga						RAMSAY	(NCT-F)	
Change in Operator	Casinghead C		Conden		<u> </u>					(1102 - 1		
If change of operator give name CHE	VRON U.S	.A.,	INC.	, t	• 0	. BOX II.	50, MIDL	MD, IA	73702			
IL DESCRIPTION OF WELL	AND LEAS	E										
Lease Name	W	'di Na				ng Formation		Kind o	Lease Rederal or Fee	_	esse No.	
ARNOTT RAMSAY F		8	JUS	TIS	FUS	SELMAN				B-22	29	
Location	330				. N	ORTH Line	330	l. Ta	a From The	EAST	Line	
Unit LetterA	_ :		Feet Fr	om T	he	Line	and		a riom inc			
Section 36 Township	25S		Range		37E	, NN	IPM,	LE	<u>A</u>	····	County	
III. DESIGNATION OF TRAN	SPORTER	OF OI	LAN	N U	ATU	Address (Give	address to wh	ich approved	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Oil TEXAS NEW MEXICO PIPEL	[X]	COLOCUIA							, NM 88240			
Name of Authorized Transporter of Casing		[X]	or Dry	Gas					copy of this for		ret)	
SID RICHARDSON CARBON	& GASOLI		•						M 88252			
If well produces oil or liquids,			Twp	ļ	Rge.	is gas actually	connected?	When				
rive location of tanks.	_			ــــــــــــــــــــــــــــــــــــــ		YES	P(KNOWN 5/67			
If this production is commingled with that	from any other	lease or p	100 i, g iv	ve cor	inmuğı	ing order name		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
IV. COMPLETION DATA	γ	Oil Well	$\neg \neg$	Gas V	Vell	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i_			<u> </u>		LJ				
Date Spudded	Date Compl.	Ready to	Prod.			Total Depth			P.B.T.D.			
	Name of Prod	Lucia a Eco	andice.			Top Oil/Gas P	ay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	uang ro	ITTELLOR	ı		•						
Perforations	<u> </u>					<u> </u>			Depth Casing	Spor		
							ia proop					
					AND	CEMENTIN	NG RECOR DEPTH SET	D	SA	CKS CEM	ENT	
HOLE SIZE	CASI	NG & TU	BING	SIZE		DEFIN SCI						
	 											
						<u> </u>			L	·		
V. TEST DATA AND REQUES	ST FOR AL	LOWA	BLE			ha amales se	exceed top all a	nunble for this	depth or be for	r full 24 hou	, ,	
OIL WELL (Test must be after t	Date of Test	volume o	of loca	ou an	a musi	Producing Me	shod (Flow, pu	mp, gas lift, e	(c.)	<i></i>		
Date First New Oil Run To Tank	Date of 1cm											
Length of Test	Tubing Press	TLS.			-	Casing Pressu	ıre		Choke Size			
						Dil.			Gar- MCF			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.						
	<u></u>					L			L	 		
GAS WELL						Bbls. Conden	nie/MMCF		Gravity of Co	adensate		
Actual Prod. Test - MCF/D	Length of Test					Bpig Conocustic Annaica						
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
I string Method (paid, take pro									<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LLAI	NCE	3			ISERV	ATION E	אואוכונ	N	
I hereby certify that the rules and regul	lations of the O	il Conser	Value			11	JIL CON	NOEN VI				
Division have been complied with and that the information given above						F1AY 0.6 '92						
is true and complete to the best of my	MOMEORE IN	JURA.				Date	Approve					
genne (yl						B.	(m)	aul Bau Geologiu	by.			
						By_		Coolege	7 7 h			
James D. Cogburn, O	peration	s Coo	rdin Title	ato	or	Tale	ف	FLEXIVE ST.	4 ,			
Printed Name		39	1-16	500		Title	Dry r	- j-c, sre,	M 6 11 12			
5/4/92			phone !			ruk	RECC	JRU I	JIVLY		1 15.	

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

_	TOTA	RANSP	ORT OIL	LAND NAT	TURAL GA	S				
L. Orantos	10 11	W-11401	<u> </u>	_ , , , . , . , . , . , . , . ,		Well A		- 6		
Operator ARCO OIL AND GAS COME	PANY					30-	025-119	06		
	17111									
BOX 1710, HOBBS, NEW	MEXICO 882	40								
Reason(s) for Filing (Check proper box)				Othe	a (Please explo	un)				
New Well	Change	ia Transp		FF	FECTIVE:	4/28/9	92			
Recompletion	Oil i	Dry G			IOR NAME			(NCT-F))	
Change in Operator	Casinghead Gas	Conde						(1101 1)	<u></u>	
If change of operator give name and address of previous operator	EVRON U.S.A.	, INC	., P. C). BOX 11	50, MIDL	AND, TX	79702			
•	ANDIEACE									
IL DESCRIPTION OF WELL	Well N	la. Pool N	Vame, Includ	ling Formation		Kind o	Lease	_	ease No.	
Lease Name ARNOTT RAMSAY F	8	JUS	STIS FU	SSELMAN		Sixe,	Pederal or Fee	B-22	29	
Location					220			EAST		
A	. 330	Feat F	rom The _	NORTH Line	and30	Fee	t From The _		Line	
Unit Letier						LE	A		County	
Section 36 Townsh	ni p 25S	Range	37E	, N	иРМ,	LE	Α		COULT	
		OT 43	III NIATI	DAT CAS						
III. DESIGNATION OF TRAI	NSPORTER OF	denmie	TO NATE	Address (Give	e address to wh	ich approved	copy of this fo	rm is to be se	ni)	
Name of Authorized Transporter of Oil	ly l		لــا	P. O. I	30X 2528	HOBBS,	NM 88	240		
TEXAS NEW MEXICO PIPEI		or Dr	y Gas	Address (Give	e address to wh	ich approved	copy of this form is to be sent)			
Name of Authorized Transporter of Casis SID RICHARDSON CARBON	& GASOLINE				BX 1226,			2		
If well produces oil or liquids,	Unit Sec.	Twp	Rge	le gas actually	y connected?	When				
rive location of tanks.	<u>ii_</u>	l		YES			KNOWN			
If this production is commingled with the	t from any other lease	or pool, g	ive comming	ling order sum	xer: <u>P(</u>	C-9 2/6	0/6/			
IV. COMPLETION DATA						Deepea	Plug Back	Same Res'V	Diff Res'v	
	Oil V	VeII	Gas Well	New Well	MOLTOVE	i baqaa i	, tug book		[
Designate Type of Completion	1 · (A)	y to Prod		Total Depth	L	J	P.B.T.D.	l <u></u>		
Date Spudded	Date Compl. Ready to Prod.									
TOT OVER DT CR HELL	Name of Producing	e Formatio		Top Oil/Gas	Pay		Tubing Dept	b		
Elevations (DF, RKB, RT, GR, etc.)										
Perforations							Depth Casing	g Spoe		
							1			
				CEMENTI	NG RECOR	<u>D</u>		ACKS CEM	ENT	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET		anone dement			
				 						
				 						
				+						
V. TEST DATA AND REQUE	EST FOR ALLO	WABLE	<u> </u>					•		
OIL WELL (Test must be after	r recovery of total volu	one of load	- doil and mus	n be equal to or	exceed top all	mable for this	depth or be f	or full 24 how	73.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, ps	omp, gas lift, e	sc.)			
Lang I Har I was On June 19 1 mm							Choke Size			
Length of Test	Tubing Pressure			Casing Press	TLE		CHOSE SIZE			
				Water - Bbis			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Mater - Borr	•					
GAS WELL				Bbls. Conder	mic/MMCT		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test			Bolk Conder	TOWN TATELOOP			_		
	Casing Press	Casing Pressure (Shut-in)			Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (MM-M)		Contract to the same of						
		ATM TA	NCE	<u> </u>						
VI. OPERATOR CERTIFI	CATE OF CO	MPLIA	INCE		OIL COM	ISERV	ATION	DIVISIO	N	
The miles and res	rulations of the Oil Co	ESCLAFINGE								
Division have been complied with an is true and complete to the best of m	DQ (D) SE EUS (D) OLITHINGO	grea a	· • •	Date	Approve	d _				
				Dale	Applove					
James (yt				p.,						
				By_						
James D. Cogburn,	Operations (Coordi Title	nator		·					
Printed Name		391 -1		פותו וו						
5/4/92		Telephone	No.	H						

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
- 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.