Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Bost 1980, Hobbs, NM 88240

STATE OF LICE MICHAU Energy, Minerals and Natural Resources Department

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

UIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT B P.O. Drawer DO, Astesia, NM \$1210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well API Na					
Operator ARCO OIL & GAS COMPANY						30 025 //9/8					
Address		METI	WEVI	<u> </u>	001/0						
P. O. BOX 1710 HOBBS, NEW MEXICO Resson(s) for Filing (Check proper box)						88240 Cuber (Please explain)					
New Well	Change in Transporter of:			rter of:							
Recompletion	los 🔲 Oi 🗎 Dry Gus 📙			, <u>U</u>	ADD TRANSPORTER (GAS)						
Change in Operator	Casinghea	d Gas 🗌	Conden	nie 📗							
If change of operator give same and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA	ASE									
Lesse Name	72.0	Well No. Pool Name, Ischudi			ng Formation Kind			of Lease			
SOUTH JUSTIS UNIT	"// "	"H" 30 JUSTIS BL			INERRY TURB DRINKAR			Federal or Fe	Federal or Fee B - 228-/		
Location	00	_				, ,	2		£ 4		
Unit Letter	<u>: 99</u>	0	Foot Fro	on The 54	Line	e and 60 6	QF	ect From The	1.431	Line	
Section 36 Township	25	25 S Range 37			E NMPM L			EA County			
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	D NATU	RAL GAS	e altress to wh	i-k approved	coor of this t	orm is to be a	ent)	
Name of Authorized Transporter of Oil XXX or Condensate TEXAS NEW MEXICO PIPELINE COMPANY					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2528. HOBBS. NEW MEXICO 88241						
Name of Authorized Transporter of Casing		Address (Give address to which approved copy of this form is to be sent) P. U. BOX 1226 Jal, N.M. 88252									
SID RICHARPSON CAR	r of Casingbead Gas X or Dry Gas CON CARBON & GASOLINE CO.			•	<u>P.O.R</u>	0×3000	ai, n.m _Tulsa,	Ok. /4102			
If well produces oil or liquids,	Unit Sec. Twp. Rg			Rge	ls gas actually	connected?	When	7			
give location of tanks. If this production is commingled with that I				comminal	Yes						
If this production is commingled with that I IV. COMPLETION DATA	nom any on	el Rais (ii)	<i></i> , <i>p</i>	· continue							
		Oil Well	G	as Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u></u>	Ļ_		Total Depth		l	1	L	- L	
Data Spudded	Date Compi. Ready to		PTOQ.		Trees Profess			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe			
Performices						Depth Ching Size					
TUBING, CASING AND					CEMENTE	NG RECOR	D	<u>-t</u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
								 			
								 			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE		L						
OIL WELL (Test must be ofter to	covery of la	cal volume	of load o	l and must	be equal to or	exceed top allo	mable for this	s depth or be,	for fiell 24 hou	rs.)	
Date First New Oil Rua To Tank	Producing Method (Flow, pump, gas lift, etc.)										
I and of Total	Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size		
Length of Test	1.00							2 1/2			
Actual Prod. During Test	Oil - Bbls.				Water - Bols.			Gas- MCF	Cas- MCF		
	<u> </u>				<u></u>			<u> </u>	 		
AS WELL					Blie Conden	AAAAF		Gravity of Condensate			
Actual Prod. Test - MCF/D	Length of Test				Bbls Coodes sale MMCF						
sting Method (pital, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)		Choke Size	Choke Size		
VI. OPERATOR CERTIFIC.	ATE OF	COMP	LIAN	CE		MI COM	SERV	ATION	DIVISIO	M	
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 Approved						
. (()					Date Approved						
James Copher					By						
UAMES COGBURN OPERATIONS COORDINATOR											
Printed Name Title					Trtle						
(505) 391–1621 Telephone No.											
Date		1 25-63	penemit it	_		and the second second second					

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.