

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Arco, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

L. Operator ARCO Oil and Gas Company		Well API No. 30-025-11918
Address P.O. Box 1710 - Hobbs, New Mexico 88241-1710		
Reason(s) for Filing (Check proper box)		☒ Other (Please explain) Change Well Name From
New Well ☐	Change in Transporter of:	VINSON RAMSAY B #9
Recompletion ☐	Oil ☐ Dry Gas ☐	Effective: 1-1-93
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, Including Formation				
South Justis Unit "H"	30	Justis Blinebry Tubb Drinkard				B-228-1
Location						
Unit Letter						
P	990	Feet From The	SOUTH	Line and	660	Feet From The EAST Line
Section	Township	Range			Lea	County
36	25S	37E	NMPM			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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Name of Authorized Transporter of Oil ☒ or Condensate ☐			Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline Company			P.O. Box 2528 - Hobbs, NM 88241-2528		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐			Address (Give address to which approved copy of this form is to be sent)		
Sid Richardson Carbon and Gasoline Company			P.O. Box 1226 - Jal, NM 88252		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?
					YES UNKNOWN

IV. COMPLETION DATA

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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.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Performances							Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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

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

VI. 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
James D. Cogburn - Operations Coordinator
Printed Name Title

Printed Name _____ (505) 391-1600
Date 1-1-93 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JAN - 7 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title _____
OR RECORD ONLY Apr 30 1993

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.