it 5 Copies opciate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

DISTRICT E. P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TOU AND NATURAL GAS

•	1	O TRAI	NSPC	ORT OIL	AND NA	UHALG	45				
perstor							Well	IPI No.		_	
								30-	-025- 1/	919.	
ARCO 011 and Gas	Company										
Address				000/1	1710						
P.O. Box 1710 - H	obbs, N	lew Mex	1co	88241		T (Please expl	eial Chan	ge Well	Name Fre	OW	
Reason(s) for Filing (Check proper box)	Change in Transporter of:							Change Well Name From			
New Well							VIN	VINSON RAMSAY B FID			
Recompletion	Oil Dry Gus										
Change in Operator	Casinghead Gas Condensate						Effe	ctive:	1-1-	13	
f change of operator give name											
and address of previous operator								-			
	AND FEA	CF									
IL DESCRIPTION OF WELL	ng Formation	ng Formation Kind			of Lease No.						
Lease Name					nebry Tubb Drinkard			Federal or Fee 13 - 228			
South Justis Unit "G		30	Just	12 011	HEDLY IL	<u>00 D. 2</u>	·				
Location		_		_	a mil	192	8D -		EDS	7	
Unit Letter	99	10	Feet Fro	en The 🚅	047/4 Line	and _i_t_C	R	et From The	1-75	Line	
							_				
Section 36 Township	259	S	Range	37	E NA	лРМ,	Lea			County	
III. DESIGNATION OF TRAN	CPARTE	R OF OI	L ANI	NATU	RAL GAS						
III. DESIGNATION OF TRAIN	SI OKIL	or Condens	ate (Address (Giw	e address to wi	hich approved	copy of this f	orm is to be se	ni)	
Name of Authorized Transporter of Oil	P O R	ox 2528	- Hohbs	NM 88241-2528							
Texas New Mexico Pipel	Address (Give address to which approved copy of this)				orm is to be se	rd)					
Name of Authorized Transporter of Casing				NM 88252							
Sid Richardson Carbon	Sid Richardson Carbon and Gasoline Company					connected?	When				
If well produces oil or liquids,	Unit	Unit Sec. Twp.		Kåc			2	NANC	110011		
rive location of tanks.	11			l	YES			mine			
f this production is commingled with that	from any oth	er lease or p	ool, give	comming	ling order numb	xer					
V. COMPLETION DATA											
V. COM DESIGNATION		Oil Well	C	as Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	i		i		<u> </u>	Ļ	l		
	Date Comr	i. Ready to	Prod.		Total Depth			P.B.T.D.		ļ	
Date Spudded	Date 3224										
	4.0	roducing For	metica		Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth		
Flevations (DF, RKB, RT, GR, etc.)	Name of in	roomang ro			1						
								Depth Casing Shoe			
Perforations									_		
						10.000	<u>n</u>	1			
	CEMENTI	NG RECUR	<u>D</u>	T	24040 0514	-107					
HOLE SIZE	CASING & TUBING SIZE				<u> </u>	DEPTH SET			SACKS CEMENT		
HOLE SIZE								ļ			
	 				1						
					 			T			
	TO D. A	I I OWA	DIE		<u></u>				•		
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	LLLUMA	DLE	· · · · · · · · · · · · · · · · · · ·	h and har	exceed too all	owable for thi	s depth or be	for full 24 hour	rs.)	
OIL WELL (Test must be after r	ecovery of 10	eal volume o	of load o	u ena musi	De equal to or	shod (Flow, pa	eno, sas lift.	uc.)			
Date First New Oil Run To Tank	Date of Te	æ			Producing late	and (i io iii)	- 110	•			
	_				2				Choke Size		
Length of Test	Tubing Pressure				Casing Pressure						
Lagar or 100					l			Gas- MCF			
1 D. J. During Test	Oil - Bbls.				Water - Bbls			OZZ- MICI		ļ	
Actual Prod. During Test	Ou Down										
	<u> </u>										
GAS WELL					1511 0 4	A A A A A		Gravity of	codensite		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensate/MMCF						
								Choke Size			
setting Method (pitot, back pr.) Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Cioce Size		1		
1 sering avenues (heres; seem h. 4				·				<u> </u>			
			TEARI	CE	1				D. 11010		
VL OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE	(DIL CON	USERV	ATION	DIVISIC	N	
a summer contide that the rules and resul	ations of the	Oil Conserv	/BDOE		11	_					
Division have been complied with and that the information gives above					Ⅱ						
is true and complete to the best of my knowledge and belief.					Date Approved						
					II						
Land. Cesting					By_						
e de la companya della companya della companya de la companya della companya dell					- (
James D. Coghurn - O	eratio	ns Coo	rdina	tor_							
Printed Name			ING		Title						
		(505)			11						
De 1-1-93		Tele	phone N	0.	<u> </u>						
1 1 1 1 2						الكان المراجع				_	

- 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.

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