

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

L. Operator ARCO OIL & GAS COMPANY		Well API No. 30 025 11920
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240		
☒ Other (Please explain)		
Reason(s) for Filing (Check proper box)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐ Dry Gas ☐	ADD TRANSPORTER (GAS)
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	

If changes of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease State Federal or Fee	Lease No. B-228
Lease Name SOUTH JUSTIS UNIT "F"	Well No. 30	Pool Name, Including Formation JUSTIS BLINERRY THUR DRINKARD	
Location			
Unit Letter N	990	Feet From The SOUTH	Line and 1980 Feet From The WEST Line
Section 36	Township 25 S	Range 37 E	NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil TEXAS NEW MEXICO PIPELINE COMPANY	☒ or Condensate ☐	P. O. BOX 2528 HOBBS, NEW MEXICO 88241	
Name of Authorized Transporter of Casinghead Gas SID RICHARDSON CARBON & GASOLINE CO.	☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1226 Jal, N.M. 88252	
TEXACO EXPLORATION & PRODUCTION		P. O. Box 3000 Tulsa, Ok. 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Trwp.
			Rge.
			Is gas actually connected? Yes
			When?

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Duff Res'v
Designate Type of Completion - (X)									
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			
Perforations					Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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		Bbls. Condensate/MCF		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test			
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 Cogburn	OPERATIONS COORDINATOR
Printed Name JAMES COGBURN	Title
Date 6/21/93	Telephone No. (505) 391-1621

OIL CONSERVATION DIVISION	
JUL 19 1993	
Date Approved	
By	
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.