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|STRICT |
|O. Box 1980, Hobbs, NM 88240

ISTRICT II .O. Drawer DD, Astesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ISTRICT III DOO Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO OIL AND GAS (COMPANY							30-02	25-20014			
Adress BOX 1710 HOBBS	, NEW M	EXICO	882	40								
					X Ou	es (Please expla	in)					
eason(s) for Filing (Check proper box) lew Well Change in Transporter of:						Correct spelling from Wimberly to						
ecompletics	Oil		Dry Ga		Win	mberley						
hange in Operator	Casinghead	Gas 🔲 (Conden	sate 📗						 		
change of operator give name d address of previous operator												
DESCRIPTION OF WELL	AND LEA	SE				9745	11/1/92	<u> </u>				
anna Noma		Well Na	Pool Na	me, Includi	ng Formation	- 11 Δ ·		f Lease Federal of Fe	11	ase No.		
IDA WIMBERLEY		17	JUS	TIS BL	INEBRY]	while Drink	eard 5	4.5	21	, Li		
ocation				_		1.6	5 O		WEST			
Unit LetterC	:99	0	Fed Fro	om The	North Lie	e and16.	50 Fe	et From The	WESI	Line		
Section 25 Township	258		Range	37E	, N	мрм,	LEA			County		
I. DESIGNATION OF TRANS	SPORTE	R OF OU	L AN	D NATU	RAL GAS							
hame of Authorized Transporter of Oil	(A)	or Condens	ate	\Box	Vocaser (A:	# 000 CS 10 W.				d)		
Texas New Mexico Pipeli			or Dry			2528 H						
lame of Authorized Transporter of Casing		ve address to wh Box 1226				-/						
Sid Richardson Carbon &	Gasol					ly connected?	When		.0 00232			
well produces oil or liquids, to location of tanks.	Uncit D	Sec. '	Twp. 25	Rge.	YES							
this production is commingled with that f	rom any othe	r lease or p	ool, giv	e commingl	ing order तथा	ber:						
V. COMPLETION DATA							Deepea	Diva Back	Same Res'v	Diff Res'v		
Designate Type of Completion -	· (X)	Oil Well		ias Well	New Well	Workover	Doches					
ate Spudded	Date Comp	l. Ready to	Prod.		Total Depth			P.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	elc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
								Depth Casing Shoe				
erforations									• • • • • • • • • • • • • • • • • • • •			
	77	IIDNG (CASD	JC AND	CEMENT	NG RECOR	D	<u>`</u>				
10.5 0.75		NG & TU				DEPTH SET			SACKS CEME	NT		
HOLE SIZE	0/10	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>										
												
			21.10					L				
. TEST DATA AND REQUES IL WELL (Test must be after to	T FOR A	LLOWA	BLE	il and must	he equal to a	r exceed top allo	mable for this	depth or be j	for full 24 hours	ı.) <u> </u>		
IL WELL (Test must be after re			7 1000 0	4 6/20 //	Producing N	lethod (Flow, pu	mp, gas lift, e	ic.)				
ate First New Oil Run 10 1anz	First New Oil Run To Tank Date of Test											
ength of Test	Tubing Pressure				Casing Press	LITE		Choke Size				
					Water - Bbli			Gas- MCF				
ctual Prod. During Test	During Test Oil - Bbls.			WHEI - DOL	•							
	<u> </u>				l			<u> </u>				
JAS WELL					Dhie Coode	neste/MMCF		Gravity of C	Condensate	7		
ctual Prod. Test - MCF/D	Length of 1	[est			Bbls. Condensate/MMCF							
	Tubing Pressure (Shut-m)				Casing Pres	sure (Shut-in)		Choke Size				
sting Method (pitot, back pr.)	Tubing 110		_,					<u> </u>				
L OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE		OIL CON	ICEDV	ATION		NI		
L OPERATOR CERTIFIC.	wions of the	Oil Conserv	ration			OIL CON	19EU A		_			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					SEP 28'92							
is true and complete to the best of my i	mowledge an	na deliet.			Date	e Approve	a					
Land Cyli					_		CICNER B	y Jeany Si	EXTON			
Signature James D. Cogburn, Operations Coordinator						ORIGINAL DIS	trict I SL	PERVEUX				
	, Upera	tions	Title	d Tila CO								
Printed Name 09/25/92			-160		Title				· · · · · · · · · · · · · · · · · · ·			
Date 1972			phone N									

- 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.

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

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

I.			TO TRA	NSF	PORT O	L AND NA	TURAL GA	AS					
Operator								Well A	∆PI No. .025 - 200	Pi No. 025-20014			
ARCO OIL AND	GAS COM	PANY							-200				
BOX 1710, HC	BBS, NEW	MEXICO	8824	10			es (Please expla	nia)					
Reason(s) for Filing (Chec New Well	k proper box)		Chance is	Tone	norter of:		ur is rease expe						
Recompletion	<u> </u>	Oil	Change in Transporter of: Oil Dry Gas EFFECTIVE: 11/01/91										
Change in Operator	j	Casinghead Gas XX Condensate											
If change of operator give t	ame							·= · · · · · · · · · · · · · · · · · ·					
and address of previous ope			A CE										
IL DESCRIPTION Lease Name	OF WELL	ANU LE	Well No.	Pool	Name, Inclu	ting Formation		Kind	d Lesse	L	esse No.		
IDA WIMBERLY		17 JUSTIS BLINEBRY						State,	Federal or Fe	e FEE			
Location			L				1.55			WEST	1		
Unit Letter C		<u> </u>	90	Feet 1	From The _	NORTH L	e and	Fe	et From The	WEST	Line		
Section 2	5 Township	. 2	.5S	Rang	e	37E .N	мрм,	LEA	A		County		
		<u>′ </u>											
III. DESIGNATION			or Conde	IL A	ND NATU	JRAL GAS	ve address to wh	ich approved	copy of this !	form is so be s	eri)		
Name of Authorized Trans	-	XX ine Co.											
Texas New Mexi			X	or Dr	y Gas 🔲	P. O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)							
Sid Richardson	-						ox 1226,			2			
If well produces oil or liqu		Unit Sec.		Twp. Rge.		1 -	is gas actually connected? Whe						
give location of tanks.		<u>D</u>	25	25		YES	her						
If this production is commi	ngled with that f DATA	rom any ou	er lease or	pool, g	has committee	Strug Order Butt							
Designate Type of	Completion -	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen		Same Res'v	Diff Res'v		
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.			
Elevations (DF, RKB, RT,	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth				
Perforations									Depth Casing Shoe				
			TIRNIC	CAS	INC ANT	CEMENT	NG RECOR	D	1				
HOLE SIZE		SING & TO			CLIVILLATI	DEPTH SET	-		SACKS CEMENT				
HULE SIZE	<u> </u>		<u> </u>										
													
V. TEST DATA AN	D DEOLIES	TEOR	ALLOW.	ABLI	E				<u> </u>				
OIL WELL (Test	musi be after ri	covery of u	otal volume	of load	i oil and mu	n be equal to o	exceed top allo	wable for thi	depth or be	for full 24 hou	<i>σs.</i> }		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
Length of Test		Tubing Pro	essure			Casing Press	ure		Choke Size				
Actual Prod. During Test		Oil - Bbls.			······································	Water - Bbis	Water - Bbis.			Gas- MCF			
CACHIETT									J				
GAS WELL Actual Prod. Test - MCF/I		Length of Test				Bbis. Conde	nate/MMCF		Gravity of Condensate				
Testing Method (pitot, back	t pr.)	Tubing Pressure (Shut-m)				Casing Pres	aire (Shut-in)		Choke Size				
						<u> </u>			<u> </u>				
VI. OPERATOR (I hereby certify that the	rules and regula	ntions of the	Oil Conse	rvation			OIL CON	-					
Division have been con is true and complete to	aption with and the best of my l	mat the info mowledge a	emation givened belief.	₹3 80 0	ve	Date	Approve	d	N. O	60 3	ઇંકા		
and	Kont.	•				_							
Simon	1					By_		SIGNED					
James D. Cogburn, Operations Coordinator Printed Name Tale					Tele	DISTRICT I SUPERVISOR Title							
11/05/91				2-16		Inte	·						
			T-L	enhane	No.	11							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

.22.32

- 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.