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

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Asteria, NM 84210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

7	TOTRA	NSP	ORT OIL	AND NAT	URAL GA	<u>us</u>	er No			
Operator						, mean]		
ARCO OIL AND GAS COMPAN	30-025-20014									
Address BOX 1710, HOBBS, NEW ME	XICO 88240									
Reason(s) for Filing (Check proper box)					r (Please explo			(/01	/O.1 Am	
New Well	Change is	Dry G					EFFECTI	EVE 6/01	/91 AT	
Recompletion Change in Operator	Oil Casinghead Gas			7:0	0 A.M. M	wr.				
If change of operator give name AMERADA HESS CORPORATION, DRAWER D, MONUMENT, NM 88265										
and address of bisations obstatos										
IL DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including							Kind of Lease No.			
Lease Name IDA WIMBERLY	17 JUSTIS BL			INEBRY S.			Federal or Fee FEE			
Location								TIPOT		
Unit Letter C : 990 Feet From The NORTH Line and 1650 Feet From The WEST Line										
Section 25 Township 25S Range 37E NMPM, LEA County										
DESCRIPTION OF ON AND MATTIDAL CAS										
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					BOX 2528, HOBBS, NM 88240					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS COMPANY				P. O. BOX 1492, EL PASO, TX 79978 Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	Unit Sec. D 25	17wp.	Rge 37E	YH		i				
If this production is commingled with that f										
IV. COMPLETION DATA						<u> </u>	Dive Back	Same Res'v	Diff Res'v	
	Oil We	u	Gas Well	New Well	Workover	Deepen	Flug Dack	SELIE NO.		
Designate Type of Completion - Date Spudded	Date Compl. Ready	o Prod.	 	Total Depth			P.B.T.D.			
			Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Depth Casing Shoe				
Perforations	<u> </u>						Department	5 3.00		
	TIPNO	CASI	NG AND	CEMENTE	NG RECOR	D				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
HOLE SIZE			<u> </u>							
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	<u> </u>				a dansk om he	for full 24 hoss	rs)	
OIL WELL (Test must be after r	recovery of total volum	e of load	oil and must	be equal to or	exceed top all	owable jor ini. ump. eas lift, i	uc.)	<u>, </u>		
Date First New Oil Run To Tank Date of Test				Florence (1997)						
Land of Total	Tubing Pressure			Casing Pressure			Choke Size			
Length of Test	ngui ui rea			Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Mater - Botz	Water v Born					
GAS WELL	1				A A //**		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condennie/MMCF						
	Tubing Pressure (Shist-in)			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tuoing Pressure (Sura-m)						<u> </u>			
VL OPERATOR CERTIFIC	CATE OF COM	PLIA	NCE			NSERV	ATION	DIVISIO	NC	
the makes assisted that the rules and regulations of the Oil Conservation				JUN 1 8 1991						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Approvi	ed	AUN T	0 1001		
Jane Calu				By_	By ORIGINAL SIGNAL BY GERY SEXTON					
James D. Cogourn, Administrative Supervisor					24STRY/CLEUPERVISOR					
Frinted Name 392-1600										
6/14/91		92-16 elephone		11						
Date	•									

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.