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Appropriate District Office
DISTRICT I
P.O. Box 1900, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Azusa, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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
Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator ARCO Oil and Gas Company		Well APN No. 30-025-20032 ✓
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: Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ LANGLIE A FEDERAL #2 Effective: 1-1-93		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or Fee	Lease No. NM 16060944 ✓
Lease Name South Justis Unit "C"	Well No. 16	Pool Name, including Formation Justis Blinbry Tubb Drinkard	
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line Section <u>14</u> Township <u>25S</u> Range <u>37E</u> , 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 ☒ or Condensate ☐		P.O. Box 2528 - Hobbs, NM 88241-2528	
Texas New Mexico Pipeline Company		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		P.O. Box 3000 - Tulsa, OK 74102	
Texaco Exploration and Production, Inc.		Is gas actually connected? When?	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>14</u> Twp. <u>25</u> Rge. <u>37</u>	YES 4/6/63	
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	Diff 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			
Actual Prod. Test - MCF/D	Length of Test	Bbls. 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		OIL CONSERVATION DIVISION	
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.		JAN - 7 1993	
Signature James D. Cogburn Operations Coordinator		Date Approved	
Printed Name		By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
Title		Title	
Date 1-1-93		(505) 391-1621 Telephone No.	

- 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.