

Submit 3 Copies  
to appropriate District Office  
**STRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**STRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**STRICT III**  
100 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**

Operator <b>ARCO OIL AND GAS COMPANY</b>	Well APN No. <b>30-025-20036</b>
Address <b>BOX 1710 HOBBS, NEW MEXICO 88240</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) Correct spelling from Wimberly to Wimberley	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of operator give name and address of previous operator	

<b>I. DESCRIPTION OF WELL AND LEASE</b>		Kind of Lease State, Federal or <u>Fee</u>	Lease No. FEE
Lease Name <b>IDA WIMBERLEY</b>	Well No. <b>15</b>	Pool Name, Including Formation <b>LANGLIE MATTIX SRQ</b>	
Location Unit Letter <b>D</b> : <b>660</b> Feet From The <b>NORTH</b> Line and <b>330</b> Feet From The <b>WEST</b> Line Section <b>25</b> Township <b>25S</b> Range <b>37E</b> , <b>NMPM</b> , <b>LEA</b> County			

<b>II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 1226 JAL, NEW MEXICO 88252</b>				
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? YES	When?

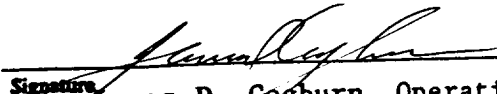
If this production is commingled with that from any other lease or pool, give commingling order number.

<b>V. COMPLETION DATA</b>		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					

<b>TUBING, CASING AND CEMENTING RECORD</b>			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

<b>VI. TEST DATA AND REQUEST FOR ALLOWABLE</b>			
<b>OIL WELL</b> (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

<b>GAS WELL</b>			
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

<b>VI. OPERATOR CERTIFICATE OF COMPLIANCE</b>	
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 	Title <b>James D. Cogburn, Operations Coordinator</b>
Printed Name <b>James D. Cogburn</b>	Telephone No. <b>391-1600</b>
Date <b>09/25/92</b>	

<b>OIL CONSERVATION DIVISION</b>	
Date Approved <b>SEP 28 '92</b>	
By	<b>ORIGINAL SIGNED BY JERRY SEXTON</b> <b>DISTRICT I SUPERVISOR</b>
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.