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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	HEUU	TO TO	JIT 7		AND NA	TURAL GA	S				
•		IO IHA	1021	ONI UIL	- VIAD IAV	TO INCUA	Well A	Pl No.			
Operator	•						30-	025-200	36		
ARCO OIL AND GAS COME											
BOX 1710, HOBBS, NEW	MEXICO	8824	0		0	her (Please expla	in)				
Reason(s) for Filing (Check proper box)		Change in	Teas	norter of:	٠- ب		·				
New Well	0.1		Dry (	1 371	1	EFFECTIVE:	11/01	/91			
Recompletion $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Oil Carinahan	_	-	lensate	•		,	• -			
Change in Operator	Casinghea	a Gas	СОВО	2011							
f change of operator give name and address of previous operator											
	SCRIPTION OF WELL AND LEASE   Well No.   Pool Name, Include				ing Formation		Kind o	Lesse	L	Lease No.	
Lease Name	Well No.   Pool Name, including   15   LANGLIE MA			ATTIX SRQ State,			Federal or Fee FEE				
IDA WIMBERLY			1								
Location Unit LetterD	:6	660	_ Fect	From The	NORTH L	ne and330	Fe	et From The _	WEST	Line	
Section 25 Township	<b>.</b> 2	25S	Rang	<u>;e</u>	37E .1	NMPM,	LEA	A		County	
						_					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conde	IL A	ND NATU	(-						
lame of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)						
id Richardson Carbon & Gasoline Co.					P. O. Box 1226, Ja NM 88252  Is gas actually connected? When?						
If well produces oil or liquids,	Unit	Sec.	Twp.	.   Rge.	YES		1	•			
give location of tanks.		L	1					<del> </del>			
f this production is commingled with that	from any oth	er lease or	pool,	give comming	ling order mi	moer					
V. COMPLETION DATA		Oil Well	,-	Gas Well	New We		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)				Total Dept		<u> </u>	P.B.T.D.			
Date Spudded	Date Compi. Ready to Prod.										
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Ou/G	Top Oil/Gas Pay			Tubing Depth		
Perforations						,			Depth Casing Shoe		
TUBING, CASING A					CEMEN	TING RECOR	D				
	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TOBING SIZE				1						
					1						
	<del> </del>										
	<del> </del>							<u></u>			
V. TEST DATA AND REQUE	T FOR	ALLOW	ABL	Æ							
V. TEST DATA AND REQUES OIL WELL (Test must be after t	acousts of t	atal valume	e of loc	ad oil and mu	n be equal to	or exceed top all	owable for this	s depth or be	for full 24 hou	es.)	
OIL WELL (Test must be after t	Date of To				Producing	Method (Flow, p	ump, gas lift, d	etc.)			
Date First New Oil Run To Tank	Date Of 10										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - B	Water - Bbis.			Gas- MCF		
	1										
GAS WELL	Length of	Test			Bbls. Con	densate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D Length of Test								A L E.			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	1	E ((()) (	Df f	ANCE	٦			ATION!	DIVIO		
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regu	lations of th	e Oil Come	ervatio			OIL CO	NSERV	AHON	DIVISIO	אכ	
Principle have been complied With and	Day the im	CLIMETOR &	1452 W	ove	1 _						
is true and complete to the best of my	imowledge	and belief.				ate Approve	ea				
1. 11											
former ogla					By	ORIGIT	VAL SHOW	[] [4] [ELET	Y SEXTOR	<u> </u>	
James D. Cogburn. Or	+4-	ne Coo	rdi	nator	-,	<del></del> -	DISTRICT		10A		
James D. Cogburn. Or	ber acro	ua WU	Tiel	le	Tit	le				-	
11/05/91				600							
- 1 1 0 2 1 7 t				se No.	И						

- 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.