## le District Office OK 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

## State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWAB	LE AND AUTHORIZA	ATION				
TO TRANSPORT OIL AND NATURAL GAS					Well API No.			
Operator CONTRACTOR					30-025-20036			
ARCO OIL AND GAS COMPAN	<u>Y</u>							
ddress SOX 1710, HOBBS, NEW ME	XICO 88240		Other (Please explain	)				
esson(s) for Filing (Check proper box)	Change is	Transporter of:	CHANGE OF OF		EFFECTIV	JE 6/01	/91 AT	
ew Well		Dry Gas	7:00 A.M. MI		D1120-	, _ , ,		
accompletion	Casinghead Gas	Condennue 🗌	7.00 R.III. 12					
change of operator give name AMER	ADA HESS COL	RPORATION, DI	RAWER D, MONUMENT	, NM	88265			
d address of previous operator								
DESCRIPTION OF WELL	AND LEASE		Kind of Lease No.					
ease Name	Well No.	Pool Name, Including	ATTIX SRQ	State, F	ederal or Fee	FEE		
IDA WIMBERLY		Braveza						
ocation	660	Feet From The NO	ORTH Line and330	Fee	t From The	WEST	Line	
Unit LetterD	:	_ Pea Floir life					County	
Section 25 Township	25S	Range 37	7E NMPM, LEA				<u> County</u>	
			DAT CAS					
I. DESIGNATION OF TRAN	SPORTER OF C	OIL AND NATU	Address (Give address to whi	ch approved	copy of this for	m is to be se	w)	
ame of Authorized Transporter of Oil			İ					
ame of Authorized Transporter of Caung	thead Gas	or Dry Gas X	Address (Give address to whi	ch approved	copy of this for	m is to be see	w)	
EL PASO NATURAL GAS COM	PANY		P. O. BOX 1492,	EL PAS	0, TX /	99/8		
well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When	r			
un bouriou of tents	<u>i                                      </u>	<u> </u>	YES					
this production is commingled with that	from any other lease o	r pool, give commings	ing order number.					
COMPLETION DATA			New Well Workover	Deepen	Plug Back S	same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	II GAT WELL	i i		<u>l</u>			
	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.			
ate Spudded					Tubing Depth			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Deput			
Evalua (D1) and you					Depth Casing Shoe			
erforations					l			
	TIDINO	CASING AND	CEMENTING RECORD	D	· · · · · · · · · · · · · · · · · · ·			
	CASING	TUBING SIZE	DEPTH SET	SACKS CEMENT				
HOLE SIZE	i OASIITO I				<u> </u>			
			<u> </u>		<del> </del>			
		VADI E						
. TEST DATA AND REQUE	ST FOR ALLOV	VABLE of load oil and mus	be equal to or exceed top allo Producing Method (Flow, pu	mable for the	s depth or be fo	or full 24 how	rs.)	
IL WELL (Test must be after	Date of Test	e of road or sile	Producing Method (Flow, pu	mp, gas lift,	etc.)			
Date First New Oil Run To Tank	Date of Lear				Choke Size			
ength of Test	Tubing Pressure		Casing Pressure		Carone Sine			
Bitt of 1900			Water - Bbis.		Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		TO ALCI - DOLLA					
GAS WELL			Bbls. Condensate/MMCF		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test		Boil. Colorado					
	Tubing Pressure (S	hut-m)	Casing Pressure (Shut-in)		Choke Size			
esting Method (pitot, back pr.)	Indiag Fiessore (a							
	- FE OF COL	DI LANCE	011 001	יסכטי	ATION	DIVICI	)N	
VL OPERATOR CERTIFIC	CALE OF CON		OIL CON	NOEH A	MI ION			
I hereby certify that the rules and regr Division have been complied with an	I ULT THE HEAVENING		1			: J:	ا . <b>ا</b> ل	
is true and complete to the best of my	knowledge and belie	r.	Date Approve	d				
$\cdot$ $\cdot$ $\cdot$ $\cdot$			ll l		•			
land ala	By ORIGINA	à Bi∰i x. Mass	i gelati Staveste	<u>522.10M -</u> .a				
James D. Cogburn, Ad	ministrativ	e Supervisor	11					
Printed Name		V COLUMN	Title					
6/14/91		392-1600 Telephone No.						
Date		Techines tur						

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
- 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.