

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO OIL AND GAS COMPANY		Well API No. 30-025-20039
Address BOX 1710 HOBBS, NEW MEXICO 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Correct spelling from Wimberly to Wimberley		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name IDA WIMBERLEY	Well No. 14	Pool Name, Including Formation JUSTIS BLINEBRY	Kind of Lease State, Federal or Fee	Lease No. FEE
Location Unit Letter G : 1980 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 25 Township 25S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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, TEXAS 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When?	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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

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 James D. Cogburn
James D. Cogburn, Operations Coordinator
Printed Name
Date 09/25/92
Title 391-1600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 28 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies to
Appropriate Dist. Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

INSTRUCTIONS ON REVERSE
SIDE

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

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

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator ARCO OIL AND GAS COMPANY			Lease IDA WIMBERLY			Well No. 14	
Location of Well	Unit G	Sec. 25	Twp 25S	Rge 37E	County LEA		
Name of Reservoir or Pool			Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size	
Upper Compl	LANGLIE MATTIX SR QN GB		GAS	FLOW	CSG	OPEN	
Lower Compl	JUSTIS BLINEBRY		GAS	SI	CSG	----	

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 8:00 a.m. 3/23/92

Well opened at (hour, date): 8:00 a.m. 3/24/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	68	40
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	68	40
Minimum pressure during test.....	50	40
Pressure at conclusion of test.....	50	40
Pressure change during test (Maximum minus Minimum).....	18	0
Was pressure change an increase or a decrease?.....	DECREASE	----
Well closed at (hour, date): 1:00 p.m. 3/24/92	Total Time On Production 5 hrs	
Oil Production During Test: 0 bbls; Grav. ----	Gas Production During Test 8	MCF; GOR ----

Remarks ANNUAL PACKER TEST

FLOW TEST NO. 2

Well opened at (hour, date):

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....		
Stabilized? (Yes or No).....	YES	YES
Maximum pressure during test.....	68	40
Minimum pressure during test.....		
Pressure at conclusion of test.....	68	40
Pressure change during test (Maximum minus Minimum).....		
Was pressure change an increase or a decrease?.....		
Well closed at (hour, date)	Total time on Production 0	
Oil production During Test: 0 bbls; Grav. ----	Gas Production During Test 0	MCF; GOR ----

Remarks ZONE IS NOT TIED INTO SALES LINE

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true
and completed to the best of my knowledge

ARCO OIL AND GAS COMPANY

Operator


Signature
L. G. MEGERT, SR. ENGINEERING TECHNICIAN

Printed Name

Title

3/25/92

391-1600

OIL CONSERVATION DIVISION

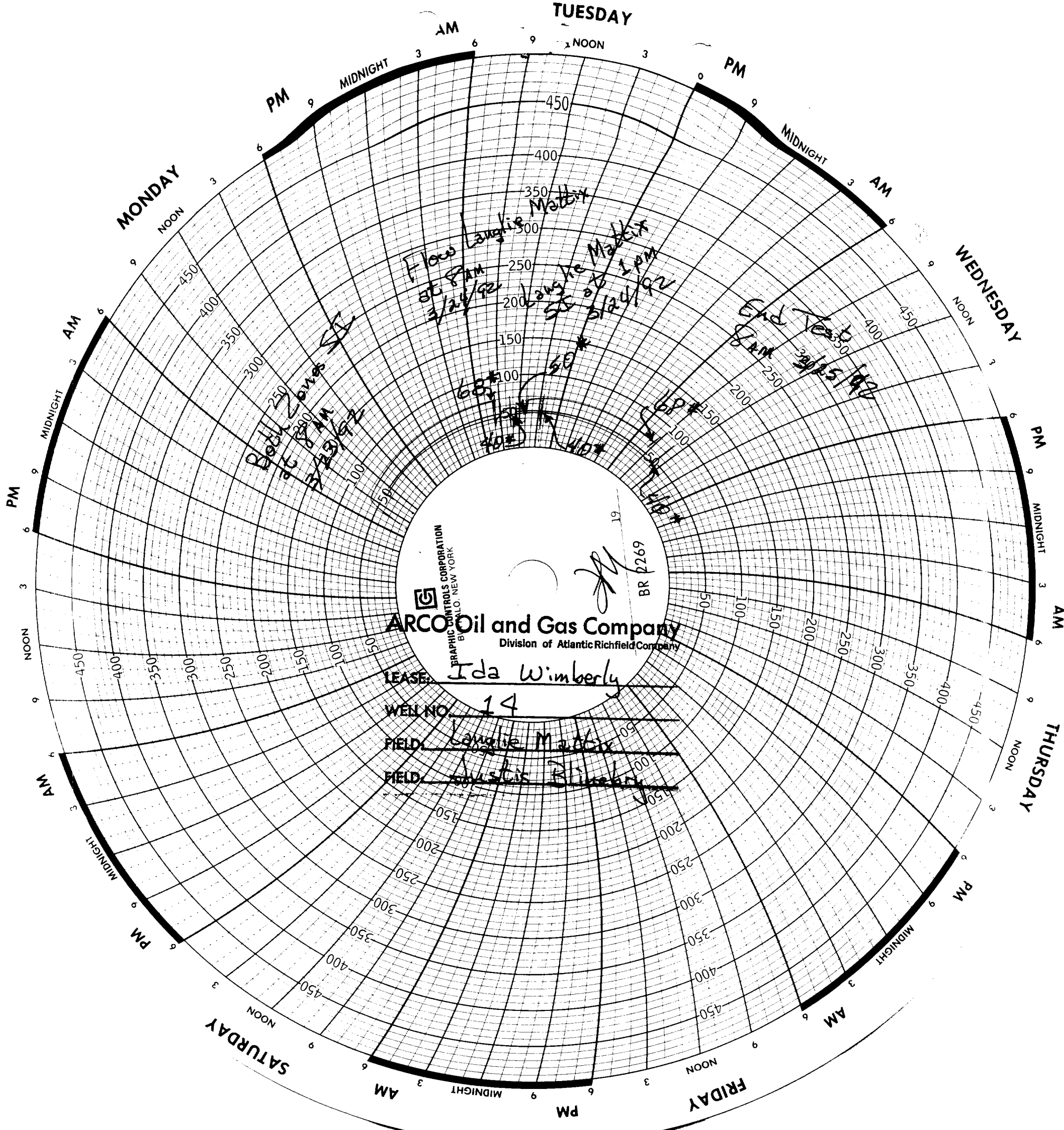
Date Approved

MAR 31 1992

By ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT SUPERVISOR

Title



GRAPHIC CONTROLS CORPORATION
BAYLOR, TEXAS 75703

ARCO Oil and Gas Company
Division of Atlantic Richfield Company

LEASE: Ida Wimberly
WELL NO: 14
FIELD: Langlie Mattox
FIELD: Gustis Blinkey

RECEIVED
JUL 1 1963