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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd. Aziec. NM 87410

HOR FOR ALL OWARD E AND ALITHORIZATION

	REQUEST FO	NOBORT OIL	という ところ	THRAL CA	S				
<u>. </u>	AND NATURAL GAS								
Operator OAG GOVER					1-025-20081				
ARCO OIL AND GAS COMPA	ANY								
Address	MEXICO 88240)							
BOX 1710, HOBBS, NEW 1 Reason(s) for Filing (Check proper box)	,ILATOO 00240		Othe	a (Please expla	in)			. – –	
New Well	Change in	Transporter of:							
Recompletion	Oil Dry Gas EFFECTIVE: 4/1/90 1/1/1/								
Change in Operator	Casinghead Gas 🔀	Condensate	EFI	recitye.		, ,,,	<u>' </u>	·	
f change of operator give name									
and address of previous operator									
IL DESCRIPTION OF WELL	AND LEASE				Vinda	(Lease	14	ease No.	
Lease Name	Well_No.	No.			Federal of Fee				
Wimberly WN	8	Pliven	Blinebry Island						
Location	(, ,		11. Jb.	′. コマ	10 -	. r m.	West	Line	
Unit Letter	:_660	Feet From The	VOC YN Line		Fo.	et From The _	*************************************	Line	
	255	Range 375	- NTA	ирм,	Leo	_		County	
Section 23 Township	, as	Range 3/2	1100						
III. DESIGNATION OF TRAN	SPORTER OF OF	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Conden	rate	Language (C	address to wh					
Texas New Mexico	P.O.BOX 2528, HCbbs, NM 88240								
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)					nt)			
Sid Richardson Carbon &	P. O. B	P. O. Box 1226, Jal, NM 88252							
If well produces oil or liquids,	Unit Sec.	I WIT I NATE	is gas actually	connected?	When	unknou	(In	ļ	
give location of tanks.	D 124	255 37E)C . 26		<u> </u>		
I this production is commingled with that I	from any other lease or j	pool, give comming	ling order nume						
IV. COMPLETION DATA		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	Oil Well	Gas well	I teem to en i	1 110120101			2	i J	
D. J. D. J. D. J.		Total Depth	Total Depth		P.B.T.D.				
Date Spudded Date Compt. Ready to Prod.									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations			Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth		
				!			Depth Casing Shoe		
						<u> </u>			
	TUBING,	CEMENTING RECORD			SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACIO CEMENT			
						 			
	<u> </u>		 						
			 				•		
V. TEST DATA AND REQUES	ET FOR ALLOW	ABLE	1						
OIL WELL (Test must be after to	ecovery of total volume	of load oil and must	the equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hose	73.)	
Date First New Oil Run To Tank	Date of Test		Producing Me	ethod (Flow, pu	mp, gas lift, e	tc.)			
DESCRIPTION OR IMM TO JAME						Choke Size			
Length of Test	agth of Test Tubing Pressure		Casing Pressure			CHORE SIEF			
			Mater Dile	The Phila			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.						
			1			<u>. L</u>			
GAS WELL				- INA A ICE	 	Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Conden	Bbls. Condensate/MMCF			Gravity of Condensate			
		Casing Dreen	Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Casting 1 (case	Casing Freezest (Circum)						
	1								
VL OPERATOR CERTIFIC	ATE OF COMP	PLIANCE	(OIL CON	ISERV	ATION I	DIVISIO	N	
I hamber contifu that the rules and regulations of the Oil Conservation			1	=			1668		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Data	Approve	d	コレンス	r New Yor The		
is true and complete to the test of my			Date	Y Who o A	·				
1-0	n	GREGIE		o oy jear	MOTXS2 Y				
Signature			∥ By_			sursavis			
James D. Cogburn, Adn	ninistrative	Supervisor							
Printed Name	2	Title 92-3551	Title						
772790 115191		ephone No.							
Date		•	_11						

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.