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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
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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 APN No. 30-025-20121
Address P.O. Box 1710 - Hobbs, New Mexico 88241-1710		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Change Well Name From LEARCY M. BUFFINGTON #13 Effective: 1/1/93		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <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 South Justis Unit "E"	Well No. 181	Pool Name, Including Formation Justis Blinebry Tubb Drinkard	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter M : 330 Feet From The SOUTH Line and 330 Feet From The WEST Line Section 13 Township 25S Range 37E , NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 - Hobbs, NM 88241-2528					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon and Gasoline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1226 - Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twps.	Rge.	Is gas actually connected? YES	When? UNKNOWN

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.)

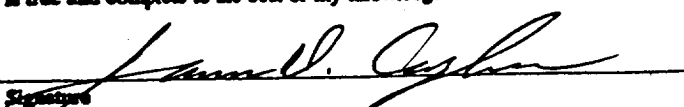
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.


James D. Cogburn - Operations Coordinator
Printed Name Title
Date **1/7/93** Telephone No. **(505) 391-1600**

OIL CONSERVATION DIVISION

Date Approved JAN 11 1993
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title
FOR RECORD ONLY **MAY 25 1993**

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.

RECEIVED

APR 26 1953

LOD MORRIS