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

## State of New Mexico E. J. Minerals and Natural Resources Departmen.

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

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

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well API No.					
ARCO OIL AND GAS COMPANY						30-025-20130					
ACCO OTE AND GAS CONTANT											
P. O. BOX 1710, HOBBS	. NEW	MEXICO	88	240							
Reason(s) for Filing (Check proper box)	<u></u>					Other	(Please expl	ain)			
New Well		Change is	Transp	porter of	_	EFFECTIVE DATE: MAY O 1 400					
Recompletion	Oil Dry Gas				EFFECTIVE DATE: MAY 0 1 1992						
Change in Operator	Casinghe	ulG±s [X]	Conde	en sale						0 1 199	2
If change of operator give name											
and address of previous operator						:		· / /			
L DESCRIPTION OF WELL AND LEASE				1-4745 111			of Lease FED Lease No.				
Lease Name		Well No.				ng Formation	i		or Lease Federal or Fe	1	32511d
JAL		2	JU	STIS	BL	INEBRY	4-12/2 2011	(asa 5		1 110-0	32 J114
Location		_				NO DOLL	221	Λ		EAST	
Unit LetterB	_ : <u>66</u>	0	Feet F	From Th	e	NORTH Line	<b>nd</b> 231	. <u>··</u> Fe	et From The .	LAGI	Line
,,		250	_			37E , NIMI	*/	I	.EA		County
Section II Townshi	P:	25S	Range	<u>e</u>	<u>·</u>	J/E , NMI	IVI,				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil XX or Condensate   Address (Give address to which approved copy of this form is to be sert)											
Texas New Mexico Pipel	P, O, Box 2528, Hobbs, NM 88240										
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Texaco Exp. and Prod.,								OK 74102			
If well produces oil or liquids,	Unit	Sec	Twp		Rge	is gas actually o	connected?	When		c 1.	
give location of tanks.	В	11	25		<u>37_</u>	YES			3/11/0	<del></del>	J
If this production is commingled with that	from any od	ver lease or	pool, g	ive com	mingli	ing order number	:	DHC-295			
IV. COMPLETION DATA		_,					17/ - d d	Deepen	Dhua Back	Same Res'v	Diff Res'v
Designate Time of Completion	. ~	Oil Well		Cas We	:U	New Well	Workover	i Deepes	l Link Dack	l	
Designate Type of Completion		1				Total Depth		L	P.B.T.D.	L	-1
Date Spudded	Date Com	pl. Ready id	) PTOQ.			204					
Company (DE BYS PT CS 44)	R, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	(DF, RRB, R1, GR, atc.)										
Perforations									Depth Casio	g Shoe	
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									ļ		
									<del> </del>		
									<del> </del>		
			- DT F			L			<u> </u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR A	ALLOW	ADLE	t. A ail and		he equal to of E	ceed 100 all	owable for thi	depth or be	for full 24 hou	73.)
			09 1000	ou and	muoi	Producing Meth	od (Flow, p	ump, gas lift, e	ac.)		
Date First New Oil Run To Tank Date of Test											
Length of Test	Tubing Pressure					Casing Pressure		Choke Size			
Lange or the									178F		
Actual Prod. During Test	Oil - Bbls.					Water - Bols.			Gas- MCF		
									<u> </u>		
GAS WELL											
Actual Frod. Test - MCF/D	Leagth of	Test				Bbis Condensa	L/MMCF		Gravity of	condensate	
									Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Cinat Saa			
	<u> </u>								<u> </u>		
VL OPERATOR CERTIFIC	OIL CONSERVATION DIVISION										
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONCENTATION DIVISION					
Division have been complied with and that the information given above						Data Approved					
is true and complete to the best of my knowledge and belief.						Date Approved					
0.00						Grig. Signed of					
flum Cyfa						By Paul Kautz Geologist					
James D. Cogourn, Operations Coordinator								-			
Title						Title_					
14 N. V. J. 335			92-1								
Date	-	Tek	ephone	No.		!					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable 'or 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.