Submit 5 Copie Appropriate District Office 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, Assesia, NM 88210

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

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

•			RALLOWA							
I. Operator	TURAL GAS Well API No.									
	CAS COMPANY					L	0-025-20130			
ARCO OIL AND GAS CO							0 043	2010		
BOX 1710, HOBBS, NE Reason(s) for Filing (Check proper box)	W MEXICO	_88240		Oth	et (Please expl	ain)				
New Well		Change in To	ransporter of:			<b>-</b>				
Recompletion	Oil		bry Gas	E	FFECTIVE	: 11/0	1/91			
Change in Operator	Casinghead	Gas 🔀 C	Condensate							
If change of operator give name and address of previous operator										
IL DESCRIPTION OF WELL	AND LEA	SE								
Lease Name			ool Name, Includ				of Lease No. Federal or Fee LC-032511d			
Jal		2	Justi S	Bline	Dry	SCALES	receil or rec	1 10-1	7525114	
Location Unit LetterB	<u> </u>	<u> </u>	eet From The	worth Lin	and 23	<u>10</u> F	set From The	East	Line	
Section \\ Towns	nip 25	$55_{R}$	ange 3	IE , N	ирм, 1_	20			County	
III. DESIGNATION OF TRAI					<del> </del>	<del> </del>		<del></del>	<del></del>	
Name of Authorized Transporter of Oil					Address (Give address to which approved copy of this for 8.0 Box 2528, Hobbs Nn					
IN CONTRACTOR OF DESIGNATION OF DRY Cas OF DRY Cas				Address (Give address to which approved copy of this form is to be sent)						
Sid Richardson Carbon	_	_	, <u></u>		ox 1226				-,	
If well produces oil or liquids, give location of tanks.				Is gas actually connected? When			3/11/64			
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or poo	ol, give comming	ling order numb	xer:	りゃの	- <u>2</u> 95			
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to Pr	οd.	Total Depth		•	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	tucing Form	ation	Top Oil/Gas Pay			Tubing Depth			
							<u> </u>			
Perforations							Depth Casing S	noe		
	TU	BING, CA	ASING AND	CEMENTIN	NG RECOR	D	<u>'</u>	-		
HOLE SIZE				DEPTH SET			SACKS CEMENT			
· · · · · · · · · · · · · · · · · · ·										
	<del> </del>									
	<del> </del>			<u> </u>						
V. TEST DATA AND REQUE OIL WELL (Test must be after				he equal to or	exceed top allo	wable for this	depth or be for	full 24 hour.	<u> </u>	
Date First New Oil Run To Tank	Date of Test			Producing Me					<del></del>	
Length of Test	Tubing Press.	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL	<del></del>		<del></del> -	A						
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul  Division have been complied with and is true and complete to the best of my	lations of the Oil that the informa	Conservation gives a	oa.				ATION DI		N	
han Krafin		· · <del></del>		Date	Approved	3	1211A T V	, 1001		
Signature		<del></del>		By_	16 Ten S.	r. 7	I <mark>y Juray sed</mark> Iyan yasor	LION		
James D. Cogburn, Op	erations	Coordi Ta		Title		• • • • • •	ivar vador			

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

Printed Name

Date

11/05/91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

392-1600

Telephone No.

3) Fill out only Service I II III and VI for changes of operator, well name or number transporter, or other such changes

RECEIVED

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HOBBS CAFICE