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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

## NEW MEXICO OIL CONSERVATION COMMISSION

## REQUEST FOR ALLOWABLE

## AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

I. Operator ARCO Oil & Gas Company  
Division of Atlantic Richfield Company  
Address  
P.O. Box 1710, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Commingled downhole - Administrative Order
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	# DHC-295 dtd 10-19-79. Justis Tubb
		Dry Gas	<input type="checkbox"/>	Drinkard & Justis Blinebry Eff. 2-23-80
		Condensate	<input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE Commingled Downhole

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Jal</u>	<u>2</u>	<u>Justis Blinebry</u> <u>Justis Tubb Drinkard</u>	State, Federal or Fee <u>Federal</u>	<u>LC-032511</u>

Location  
Unit Letter B ; 660 Feet From The North Line and 2310 Feet From The East  
Line of Section 11 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline Company</u>	<u>P.O. Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 1384, Jal, N.M. 88252</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>Unit B Sec. 11 Twp. 25 Rge. 37</u>	<u>Yes 3-11-64</u>

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 Tanks	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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. L. Shackelford  
(Signature)

Engrg. Tech. Spec.

(Title)

2-22-80

(Date)

## OIL CONSERVATION COMMISSION

FFB 25 1980

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Orig. Signed by  
Jerry Sexton

TITLE Dist 1, Sup

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.