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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWAE	BLE AND AUTHORIZ	ATION					
I. TO TRANSPORT OIL AND NATURAL GAS					Well API No.				
ARCO OIL AND GAS COMPANY					30-025-20139				
Address BOX 1710 HOBBS	, NEW MEXICO	88240							
Reason(s) for Filing (Check proper box)			X Other (Please explain	1) 11-a fr	om Wimber	·lv to			
New Well	•—	Transporter of:	Correct spel	ling if	Om Atmost	Ty CO			
Recompletion		Dry Gas	Wimberley						
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE	m 135 - Inchid	na Engration	Kind of	Lesse	Le	ase No.		
Lease Name IDA WIMBERLEY Well No. Pool Name, Including 16 JUSTIS BL							FEE		
Location				•		NORTH	••		
Unit Letter F	: 1650	Feet From The W	EST Line and 2310	<u>) Fee</u>	t From The	NORTH	Line		
Section 25 Township	25S	Range 37E	, NMPM, LEA	<u>A</u>			County		
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS (Shut				-41		
Name of Authorized Transporter of Oil	or Condex	nexte	Address (Give address to which	h appróved i	copy of this form	u 10 De 341	u <i>j</i>		
Name of Authorized Transporter of Casing	thead Gas	or Dry Gas	Address (Give address to which	h approved	copy of this form	is to be se	d)		
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When ?					
give location of tanks.		<u> </u>	line order number						
If this production is commingled with that i	from any other lease or	pool, give comming	ling order matthes.						
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v		
Designate Type of Completion		1 Ozi wen		í	ĺ		1		
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Top Oil/Gas Pay			Tubing Depth		
				Depth Casing Shoe					
Perforations					Depth Caling S				
	TURING	CASING AND	CEMENTING RECORD)					
HOLE SIZE	CASING & T	UBING SIZE	DEPTH SET		SAC	KS CEME	NT		
HOLE SIZE	0,10.110.0								
The second of th	T FOR ALLOW	ARLE			<u></u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after t	OI FUK ALLUM recovery of total volume	of load oil and mus	t be equal to or exceed top allow	vable for this	depth or be for j	full 24 hour	73.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pur	φ, gas lift, ei	c.)				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size				
	Oil - Bbls.		Water - Bbls.		Gas- MCF				
Actual Prod. During Test	Oil - Boir								
GAS WELL			Bbls. Condensate/MMCF		Gravity of Con	iensate			
Actual Prod. Test - MCF/D	Length of Test				Choke Size		<u></u>		
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	at-in)	Casing Pressure (Shut-in)		Choice Size				
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	OIL CON	SFRV	ATION D	VISIC	N		
I have and that the rules and recui	lations of the Oil Const	ervation .		JE: 1 47					
Division have been complied with and is true and complete to the best of my	That the intomismon Ri	vez above	Date Approved	i		285			
	_ ORIGINAL SIGNIL								
Signature James D. Cogburn	. Operations	Coordinate	By	TWOT 1 S	UPBACK SON				
Printed Name		Title	Title						
09/25/92	39 Te	1-1600 dephone No.							
Date							Section		

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.