Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 114	1101	JI 11 O.L	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ell API No.	·-···			
ARCO OIL AND GAS COM	PANY					<u> </u>		30-025-20139 				
Address												
BOX 1710, HOBBS, NEW	MEXICO	8824	40		Other /	Please expl	ain)					
Reason(s) for Filing (Check proper box)		Change is	Тампо	rter of:		, ,,,,,,,						
New Well	Oil		Dry Ga		EFF	ECTIVE	: 11,	/01/91				
Recompletion U Change in Operator	Casinghea	d Gas	Conden	_			' <u>•</u>	,				
if change of operator give name												
and address of previous operator								· · ·				
IL DESCRIPTION OF WELL	AND LE	ASE	1=				V	ind of Lease	T 1-	use No.		
Lease Name		Well No.			ng Formation ATTIX SRQ		1	ate, Federal or Fee	FEE	LSC I'G		
IDA WIMBERLY		10	LAN	GLIE FI	AIIIN DAQ				J			
Location F	2	2310	East Em	om The	NORTH Line at	165	0	Feet From The	WEST	Line		
Unit Letter	_ :=		_ rea m	om the		~		-				
Section 25 Townshi	ip 2	25S	Range		37E , NMP	М,		LEA		County		
												
III. DESIGNATION OF TRAN	ISPORTE	R OF O	IL AN	D NATU	RAL GAS	ddress to w	hick appro	oved copy of this form	is to be sen	u)		
Name of Authorized Transporter of Oil		or Conde	u amit				- · -rr · ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas X	Address (Give a	detess to w	hich appro	oved copy of this form	is to be sen	u)		
Sid Richardson Carbon		ine Co	•		P. O. Box	1226.		NM 88252				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually o			hen?				
give location of tanks.	<u> </u>		<u> </u>	<u> </u>	YES		L			<u> </u>		
f this production is commingled with that	from any oth	er lease or	pool, giv	e comming!	ing order number.	·						
V. COMPLETION DATA		Oil Well		as Well	New Well V	Vorkover	Deepe	n Plug Back Sa	me Res'v	Diff Res'v		
Designate Type of Completion	- (X)	I OTI MET	1	JAN WEII	1					Ĺ		
Date Spudded		pl. Ready u	o Prod.		Total Depth			P.B.T.D.				
•					- ATA - 5							
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	ormation		Top Oil/Gas Pay			Tubing Depth				
	1				<u> </u>			Depth Casing S	hoe	·		
Perforations												
		TUBING	CASI	NG AND	CEMENTING	RECOR	D					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								-				
					L							
THE RESIDENCE OF THE PROPERTY	CT FOR	HIOW	ARIE		<u></u>							
V. TEST DATA AND REQUE	SI FUK A	ALLUW Val valume	of load o	oil and must	be equal to or ex-	ceed top all	owable for	this depth or be for	full 24 hour:	s.)		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
Part I has 140 a On them 10 1 am		₽=- V: ··										
Length of Test	essure.			Casing Pressure			Choke Size					
-								Gas- MCF				
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.							
GAS WELL					Bbis. Condensat	ANICE		Gravity of Con	densate			
Actual Prod. Test - MCF/D	Length of	Test			Bois. Concensal	PMINICE		J				
	Tuking D.	essure (Shu	rt-in)		Casing Pressure	(Shut-in)		Choke Size				
Tosting Method (pilot, back pr.)	Tubing		,									
CERTIFICATION CONTRACTOR	ATE OF	COM	DI IAN	ICE						• •		
VI. OPERATOR CERTIFIC	AIE OF	Oil Couse	rvation	ICL		L CON	NSER	IVATION D	IVISIO	N		
I hereby certify that the rules and regularising have been complied with and	that the info	rmation giv	vez above	;					- 131			
is true and complete to the best of my	knowledge a	ad belief.			Date A	Approve	ed					
1. 1/	-	_			11	• •			7% * ******			
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Signature James D. Cogburn, Or	pratio	ns Coo	rdina	tor	-,	7	er ingil.	ALIEN REPORT				
Printed Name	CLOLIVI		Title		Title							
11/05/91			2-160				<u> </u>					
Date		Tel	iephone N	10.	<u> </u>	اتحريني						
THE TRUCTIONS This for		fled !-	oomel!	man mish	Rule 1104							
TAICHTE FOUNDE This for	io •~ bo	THE PART OF	- T HITNEY 12		RUE LIV							

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.