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DISTRICT E P.O. Drawer DD, Asteria, NM \$210

State of New Mexico Energy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## DISTRICT III 1000 Rio Basos Rd., Azec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATIO	N
TO TRANSPORT OIL AND NATURAL GAS	

L. Oreator			110			IUMEU		JIT No.			
Operator ARCO OIL & GAS COMPANY									20275		
Address P. O. BOX 1710		S, NEW	ME		88240						
		S, NEW	FIE.	XICO		er (Please expl	ain)				
Resson(s) for Filing (Check proper box) New Well		Change in	Tree	most at at	K) on	a li sense erbe	~~~				
	Oil	· · ~	Dry		ADD T	RANSPORT	ER (GAS	)			
	Casinghea							•			
Change of operator give same	Canadica										
ad address of previous operator								_,		·····	
L DESCRIPTION OF WELL	AND LE		<b>7</b>								
Lease Name		Well No.			Eng Formation		94	of Lesse Potenijor Fe	_ I - "	mm No.	
SOUTH JUSTIS UNIT	0			USTIS BI	INEBRY T	IIBB, DRIN	KARD		1460	32511F	
Unit LotterC	. 33	0	Feet	From The A	ORTH Lin	23	10 B	el From The	WES	T Line	
· · · · · · · ·										-	
Section 11 Townsh	ni <b>p</b> 25	5	Ran	<b>e</b> <u>37</u>	<u>E , N</u>	APM,	L	EA	· · · · · · · · · ·	County	
II. DESIGNATION OF TRAI	NSPORTE	R OF O	IL A	ND NATL							
Name of Authorized Transporter of Oil	1	or Conden			Address (Giv	e address to wi	hick approved	l copy of this j	form is to be m	ent)	
TEXAS NEW MEXICO						<u>x 2528</u>					
Name of Authorized Transporter of Casis SID RICHARDSON CA				<b>ry Gui</b>	P. U. BOX	1226 <sup>w</sup>	al, N.M	. 88252	orm u lo de m	end)	
TEXACO EXPRESSION CA	N & PROT	Sec.	Twp		P. O. B.	ox 3000	Tulsa,		102		
If well produces oil or liquids, give location of tanks.		<b>J46</b> .	1b	.   Nga 	Yes		1	4			
I this production is commingled with the	t from any oth	er lease or	1 2001.	give comming							
V. COMPLETION DATA	•		•		•						
		Oil Well	ſ	Ges Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion							l	Ļ	L	<u> </u>	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casis	ag Shoe		
	τ	TIBING	CAS		CEMENTE	NG RECOR	D	<u> </u>			
HOLE SIZE					DEPTH SET			SACKS CEMENT			
	-										
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				. <u></u>	L		<del></del> =	<u> </u>	<u> </u>		
	T FOR A	11000	DI	P	<u></u>		<u> </u>	1	<u></u>	<u>,                                     </u>	
V. TEST DATA AND REQUE DIL WELL (Test must be after	SI FOR A		4.15 L. ~ 1~	E. A all and mus	the envel in or	exceed too allo	mable for thi	t death ar be	for full 24 hour	ra.)	
DIL WELL (Test must be after Date First New Oil Rus To Task	Date of Tel		07 100	a ou ena mus		thod (Flow, pu					
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
					Water Bhis			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bols.							
GAS WELL				. <u></u>	J		<u>_</u> ,	±			
Actual Frod. Test - MCF/D	Length of 7	est			Bola Conden	ale/MMCF		Gravity of (	Condensate		
esting Method (pilot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-ia)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF	<u></u>	<b>π</b> τ •	NCE				<u>.</u>	<del>_</del> <del>_</del>		
					C	DIL CON	SERV	ATION	DIVISIC	)N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					Date Approved JUL 19 1993						
is true and complete to the best of my	mowledge an	d belief.			Date	Approve	JUL I	9 1335			
0 0//	-										
Janal Cylin	<u> </u>				BORI	GINAL SICK	JED by	D.D.Y. 8001	<b>.</b>		
Similar					BPRIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
JAMES COCBURN	UTERAL	TONS C	<u>Title</u>	<u>TINUTOR</u>	elhT		JUPEK	VIDUK			
6/21/93	(505)	<u> 391–16</u>	21		II IIIA-						
Dute		Tele	phone	No.	11						

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.

## RECEIVED

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