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

State of New Mexico Enway, Minerals and Natural Resources Departmen

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

DISTRICT II P.O. Drawer DD, Artesia, NM 82 10

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1000 Rio Brazos Rd., Aztec, NM 8/410	REQUEST FOR ALLOWA	REFUND AUTHORIZA	11011			
L	TO TRANSPORT O	L AND NATURAL GAS	NU NATURAL CAS Well API No.			
Operator			30)-025·	-20303	
ARCO OIL AND GAS COMPA	NY		1			
Address						
BOX 1710, HOBBS, NEW M	EXICO 88240	Other (Please explain)				
Reason(s) for Filing (Check proper box)	Change in Transporter of:					
New Well	Oil Dry Gas	EFFECTIVE: =	<u>/ /1 /0</u> 0	. 11/1/91		
Recompletion	Caringhead Gas Condennate	EFFECTIVE.				
Change is Operator						
If change of operator give name and address of previous operator						
IL DESCRIPTION OF WELL A	ND LEASE		Kind of	Lease	Lease Na	
T Mama		all a char	Size, F	ederal or Fee		
Justis Federal	34 Justi	s Blinebry				
Location O	355 S	with line and 990.	Feet	From The	East Line	
Unit Letter : Feet From the Line and						
\\	255 Range 3	7E, NMPM,	Lea		County	
Section \ Township	 					
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NAT	URAL GAS Address (Give address to which	are med i	pory of this form	is to be sent)	
Name of Authorized Transporter of Oil		Address (Give address to which	X X/	chhs	NM 88240	
To Va S NOW THE YICC PICE TIME				copy of this form	is to be sent)	
Name of Authorized Transporter of Caringhead Gas 2 Day 1226 Jal NM 88252						
Sid Richardson Carbon &	Gasoline Co.	e Is gas actually connected?	When	•	1 4	
If well produces oil or liquids, give location of tanks.	Unit Sec TWA 3	Uls		3-2-	<i>ا عا</i>	
If this production is commingled with that for	mm any other lease or pool, give commi	ngling order number:				
IV. COMPLETION DATA			- T	Plug Back Sa	me Res'v Diff Res'v	
	Oil Well Gas Well	New Well Workover	Deepea	1108 224 12		
Designate Type of Completion -	· (X) 1 " 1	Total Depth	1	P.B.T.D.		
Date Spudded	Date Compi. Ready to Prod.					
	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Depth Casing Shoe	
Perforations				Depui caring .		
		TO THE PEOPLE		<u> </u>		
	TUBING, CASING AN	ID CEMENTING RECORD DEPTH SET		SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEF TIT DE				
				<u></u>	·	
V. TEST DATA AND REQUES	T FOR ALLOWABLE		mble for thi	which or be for	full 24 hours.)	
OIL WELL (Test must be after t	ST FOR ALLOWABLE ecovery of lotal volume of lotal oil and r	Producing Method (Flow, pur	us. eas lift, e	uc.)		
Date First New Oil Run To Tank	Date of Test	Producing Medica (1 to 17)				
		Casing Pressure		Choke Size		
Length of Test	Tubing Pressure			Gas- MCF		
	Oil - Bbls.	Water - Bbla.		Gas- MCF		
Actual Prod. During Test				<u> </u>		
		_		Gravity of Co	ndentale	
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF		Cravity of Co	Na Calculations	
Actual Prod. Test - MICLIE		Casing Pressure (Shut-in)		Choke Size		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)	Casing Pressure (Silu-m)				
i						
VL OPERATOR CERTIFIC	CATE OF COMPLIANCE	OIL CON	SERV	ATION [DIVISION	
to the state of a second secon		1				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date Approved	·			
is true and complete to the best of my	and a second	Date Applovo				
1.00	- Ву			y : 1933		
Significan	11		. **.			
James D. Cogbain, Adi	THIS					
Printed Name	392-3551	_				
<7/27/90 11/5/7/	Telephone No.	_				

- 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
- 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.