Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM \$8240

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 Brazos Rd., Aziec, NM \$7410

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTHA	<u>INSE</u>	OHI O	L AND NA	TURAL	MO THE	TATAL.			
Operator	Weil API No.										
ARCO OIL AND GAS COM	30-025-20391										
P. O. BOX 1710, HOBB	S. NEW	MEXICO	88	240							
Reason(s) for Filing (Check proper box)					Ou	es (Please exp					
New Well		Change in	Тпан	porter of:		j	7	Name of the Owner, where	MAY 0	1 1000	
Recompletion	Oil		Dry C	ias 🗌	EF	FECTIVE	DATE:		WAT U	1 1992	
Change in Operator	Caninghe	ad Gas 🔀	Conde	male 📗							
If change of operator give name and address or previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE			1/1/2	K - 77+	·		<u>.</u>		
1. I					ling Formation				of Lease No. Federal or Fee FEED		
JUSTIS FEDERAL		2	JL	JSTIS B	LINEBRY /	1. Barret			FED		
Location					COUMI	1.0	٥٥		EAST		
Unit LetterO	_ :	660	. Fea f	rom The	SOUTH Lin	e and19	<u> </u>	eet From The	EASI	Line	
1, _	_	25.0			37E .N	мрм.	1	LEA		County	
Section 11 Townsh	ip	258	Range	<u> </u>	J/E 10	virivi,					
III. DESIGNATION OF TRAN	NSPORTE	R OF O	IL AN	D NATL	RAL GAS				·	·- ·- · · · · · · · · · · · · · · · · ·	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Texas New Mexico Pipel	[XX] Line Co.				P. O. Box 2528, Hobbs, NM 88240						
Name of Authorized Transporter of Casinghead Gas									copy of this form is to be sent)		
Texaco Exp. and Prod.,	caco Exp. and Prod., Inc.				P. O. Box 3000, Tulsa.						
if well produces oil or liquids,	Unit	Unit Sec. Twp. Rge.			1						
give location of tanks.	P	11	25		YES			3/2/64			
If this production is commingled with that	from any oth	er lease or p	pool, gi	ive comming	ling order num						
IV. COMPLETION DATA		10	_,_	Gas Well	New Well	Workover	Deepea	Phue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- 00	Oil Well	1	Cas Well	I HEM METI	l warow.	1				
Date Spudded		pl. Ready to	Prod		Total Depth	<u> </u>		P.B.T.D.			
Date Spaces		,	•••								
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	oducing Formation			Top Oil/Gas Pay			Tubing Depth			
								<u> </u>			
Perforations								Depth Casi	ng Shoe		
								1			
	TUBING, CASING AND				CEMENTING RECURD			SACKS OF MENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					ļ		-	 			
	 							1			
	 							 			
V. TEST DATA AND REQUES	ST FOR A	LLOWA	RLE		<u> </u>			<u> </u>			
OIL WELL (Test must be after t	recovers of K	sal volume o	of load	oil and must	be equal to or	exceed top alle	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Rua To Tank	Date of Ter		<u></u>		Producing Me	shod (Flow, pu	emp, gas lift, e	uc.)			
				T	 						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
							Gas- MCF				
Actual Prod. During Test	l Prod. During Test Oil - Bbls.				Water - Bols			Car Mei			
								<u> </u>			
GAS WELL					_						
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
								Choke Size			
esting Method (pitot, back pr.)	seure (Shui-	ire (Shui-ia)			Casing Pressure (Shut-in)				İ		
								<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAI	NCE		NI CON	ISERV	ATION	DIVISIO	M	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					1970						
is true and complete to the best of my knowledge and belief.					Date Approved						
0.0/1					1.63 by						
Signature Signature James D. Cogburn, Operations Coordinator Title 392-1600 Telephone No.					By Faul Kautz						
					Title						
					Date		Telep	poor l	40 .	<u> </u>	
	كتنزوها										

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.