ubmit 5 Copies
ppropriate District Office
STRICT |
O. Box 1980, Hobbs, NM 88240

State of New Mexico Enusy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION 14/48 P.O. Box 2089

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

.	ד	OTRA	<u>NSPO</u>	RT OIL	AND NAT	URAL GA	NS WAIL A	DI No				
Operator			30-	Well AM No. 30-025-20391								
ARCO OIL AND GAS COMP	ANY											
Address BOX 1710, HOBBS, NEW	MEXICO	88240										
Reason(s) for Filing (Check proper box)					Othe	s (Please explo	in)					
New Well		Change in		1 1			,					
Recompletion	Oil	Oil Dry Gas Casinghead Gas X Condensate				ECTIVE:	1/10	1/16/92				
Change in Operator	Casinghead	Gas 🛆	Condent	ate []								
change of operator give name ad address of previous operator												
•	AND LEA	SE										
. DESCRIPTION OF WELL AND LEASE gate Name Well No. Pool Name, Including					ng Formation		Kind	Kind of Lease No. State, Federal or Fee FED				
JUSTIS FEDERAL		2 JUSTIS BLI					State,	SEE, FREIE WITE				
Location					COUTH	198	0		EA			
Unit LetterO	Unit Letter 0 : 660 Feet From The SUU					SOUTH Line and Fe			et From TheLine			
	. 15	C	Danas	37E	. N	иРМ,	LEA			County		
Section 11 Townsh	ip 25	<u>S</u>	Range	371	134	11 141,						
II. DESIGNATION OF TRAI	NSPORTE	R OF OI	L AND	NATU	RAL GAS							
Name of Authorized Transporter of Oil	(X.)	or Condens	rate [Vootest (Oth	e address to wh	iich approved	copy of this f	orm is to be se 22760	ni)		
Texas New Mexico Pipeline Co.						P. O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. Box 1226, Ja1, NM 88252					,		
Sid Richardson Carbon	& Gasol	Sec.	Twp.	Rge				When?				
If well produces oil or liquids, pive location of tanks.	Մամե P	11	25	37	YE		i	3/2/	64			
f this production is commingled with the					ing order num	ber:						
V. COMPLETION DATA		V			<u>,</u>	* -;- * * 3 * !	. 			nier niere		
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	1 - (X)	ــــــــــــــــــــــــــــــــــــــ			Total Depth	L	l	P.B.T.D.	<u> </u>			
Date Spudded	Date Comp	Date Compl. Ready to Prod.										
EL COL PER DT CR etc.)	Name of P	Name of Producing Formation				Pay		Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation												
Perforations								Depth Casi	ng Shoe			
						NO PEOOD		<u> </u>				
	TUBING, CASING AND				DEPTH SET			SACKS CEMENT				
HOLE SIZE	CA	CASING & TUBING SIZE			 							
					 							
								J				
V. TEST DATA AND REQUI	ST FOR	LLOWA	ABLE				amakla Can thi	e death ar he	for full 24 hos	ars)		
OIL WELL (Test must be after	recovery of 10	stal volume	of load o	xil and mus	Description	ethod (Flow, p	ump, eas lift.	esc.)	<i>ju j=. 1. 7~.</i>			
Date First New Oil Run To Tank Date of Test					Flooring Means (1 10 11) Franch			,				
	Tubing Pressure				Casing Pressure			Choke Size				
Length of Test	I norm in	Tubing Pressure							Co. MCF			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbli		Gas- MCF					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u> </u>							
GAS WELL								78				
Actual Prod. Test - MCF/D	Length of	Length of Test				nate/MMCF		Gravity of Condensate				
						sure (Shut-in)		Choke Size				
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				gaic (Stron III)						
VL OPERATOR CERTIFI	CATE OF	COM	LIAN	NCE		OIL COI	NSERV	ATION	DIVISION	NC		
I hereby certify that the rules and reg Division have been complied with a	guistions of the	e Oil Conset	ren abovi	:				JAM	2 3 '92			
Division have been complied with an is true and complete to the best of m	y knowledge i	and belief.			Dat	e Approve	ed	OAN A	~ U JZ			
	_					о , .p.,						
Jamilyon					Rv	TREET.	<u>Lagan</u> sa	FI JENRY	SEXTON			
		- C	linat	or			STRUTTS			-		
Tames D. Coghurn, Op	erations	s COOF	11nac Title	<u> </u>	Title							
1/17/92			92-16		FO	R REC	Caro	6	<u> M</u>	V 0 E 1/		
Dute		Tel	ephone i	No.		V VEC	UNU.	ONL	\mathbf{I}	11 62 1		

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.

A 941