

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
ARCO OIL AND GAS COMPANY		30-025-20391
Address		
BOX 1710, HOBBS, NEW MEXICO 88240		
<input type="checkbox"/> Other (Please explain)		
Reason(s) for Filing (Check proper box)		
New Well	<input type="checkbox"/>	Change in Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
EFFECTIVE: <del>4/1/90</del> 11/1/91		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Fee	
Justis Federal	2	Justis Blinberry	
Location		Line	
Unit Letter <u>D</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line			
Section <u>11</u>	Township <u>25 S</u>	Range <u>37 E</u>	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	P.O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Sid Richardson Carbon & Gasoline Co.		P. O. Box 1226, Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec <u>11</u> Twp <u>25</u> Rge <u>37</u>	Is gas actually connected?	When?
		<u>Yes</u>	<u>3-2-64</u>

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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Designate Type of Completion - (X)		Total Depth		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Top Oil/Gas Pay		Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Depth Casing Shoe		
Perforations				

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)		

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation 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 <u>11/08/91</u>	
Signature <u>James D. Cogburn</u>		By <u>WENDY SEXTON</u>	
Printed Name <u>James D. Cogburn, Administrative Supervisor</u>		Title _____	
Date <u>7/27/90</u> <u>11/5/91</u>			
Telephone No. <u>392-3551</u>			

- 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.