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## State of New Mexico Erray, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brisos Rd., Azioc, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall API No.

ARCO OIL & GAS COMPANY						30 025 20464					
Address P. O. BOX 1710	HORB	S, NEW	MEX	TCO	88240				,		
Resson(s) for Filing (Check proper box)	повь	o, nea	IILA	100		es (Please explo	úų)				
New Well		Change is			יד מתע	RANSPORTI	ED (GAS)				
Recompletion U	Oil Casinghe		Dry C	_	ו עעה	MANSFURII	ck (GAS)	•			
Change in Operator   If change of operator give name	Стиную	# O= [_	,				<del></del>		· · · · · · · · · · · · · · · · · · ·		
and address of previous operator								<del></del>			
IL DESCRIPTION OF WELL Lease Name	AND LE	Well No.	Pool I	Name, Includ	ing Formation		Kind	(Lease	La	use No.	
<del></del>	· 11 <i>B</i> 11	18	ı		INEBRY T	HRB_DRIN	Suc	Pederal or Fee	NMN	M 01495	
Location						··					
Unit Letter	_ :3.3	10	_ Feet I	From The 2	OUTH LIN	and 231	<i>D</i> Fe	et From The _	WEST	line	
Section 14 Townshi	<b>p</b> 25	S	Range	37	E N	ирм,	L	EA		County	
III. DESIGNATION OF TRAN	CDADT	TR OF O	ST. AP	VD NATE	TRAL GAS						
Name of Authorized Transporter of Oil	KXX	or Conde	name		Address (Give	e address to wh	ich approved	copy of this for	rm is to be sen	d)	
TEXAS NEW MEXICO PIPELINE COMPANY P O BOX 2528 HORRS								NEW MEXICO 88241			
Name of Authorized Transporter of Casin SID_RICHARDSON_CAR	ransporter of Casinghead Gas X or Dry Gas HARDSON CARBON & GASOLINE CO.							copy of this form is to be seet)  . 88252 . 0k			
If well produces oil or liquids,	Unit	Sec.	Twp	Rge	T		When		UZ		
rive location of tasks.	<u>i</u>	L	<u></u>		Yes						
f this production is commingled with that  V. COMPLETION DATA	from any of	her lease or	pool, g	ive comming	ing order sumo	×ar				<del></del>	
	<b>as</b>	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		nd Ready M	o Prod	<del> </del>	Total Depth		L	P.B.T.D.		L	
Date Spudded	Date Compl. Ready to Prod.										
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u>,l</u>	1			Depth Casing Shoe		
					(F) (F) (F)	IC DECODI		<u>L</u> .	···-		
	TUBING, CASING A HOLE SIZE CASING & TUBING SIZE					DEPTH SET	<u> </u>	SACKS CEMENT			
HOLE SIZE	LE SIZE CASI			SILE	OE. III OE.						
								<u> </u>	<del> </del>		
	<b></b>				<del> </del>						
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	;			<del></del>	J			
OIL WELL (Test must be after r	ecovery of h	otal volume	of load	oil and must	be equal to or	exceed top allow thou (Flow, pur	wable for this	depth or be fo	r full 24 hours	<u>,</u>	
Date First New Oil Rua To Tank	Date of Test				Producing Me	uiou ( <i>Fiow</i> , par	·φ, <sub>δ</sub> ω <i>ιξι,</i> ε	~.,			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
				Water - Bbis.			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			Wasi - 500							
GAS WELL	J										
Actual Fred. Test - MCF/D	Length of	Length of Total			Bbls. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
esting Method (pitot, back pr.)		<b></b>						<u> </u>			
VL OPERATOR CERTIFIC	ATE OF	COME	'LIAI	NCE		MI CON	SEBV/	ATION C	NISIO	N	
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 is true and complete to the best of my knowledge and belief.					Date Approved						
familyla					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR						
JAMES COCBURN	OPERATIONS COORDINATOR										
Printed Name 6/2//93	(505)	391-16	<b>Title</b> 621		Title_				*		
Date Date	<u> </u>		phone !	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 with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) PIII 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

JUN 21 1993

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