Box 1980, Hobbe, NM 88240

DISTRICT # P.O. Drawer DD, Asteola, NM 88210

OIL CONSERVATION DIVISION

State of New Mexico Energy, Minerals and Natural Resources Department

P.O. Box 2088

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	WIF SIG

DISTRICT III		Sant	a re, new M	EXICO 6/3	W4-2U88	"	,	W!F_	\$!G	
000 Rio Brisos Rd., Aziec, NM 87410	REOL	JEST FOI	R ALLOWA	BLE AND	AUTHOR	IZATION		BMW	\$AG	
			ISPORT OIL			ias .	1	DU!		
perator				<del></del>		Well	API No.			
ARCO 011 and Gas	Company	у					30-	025- 20	0533	
dress									•	
P.O. Box 1710 -	Hobbs, 1	New Mexi	co 88241	-1710		<del></del>		·		
eason(s) for Filing (Check proper box)				X Ou	her (Please exp	dain) Char	ige Well	Name Fr	ош	
ew Well		· · ~	ransporter of:			$\mathcal{J}A$ .	STUART	- <#	#8	
ecompletion U bange in Operator	Oil Casinghea	_	condennate				ctive:			
change of operator give name						EIIE	Crive:		<del>~</del>	
d address of previous operator				<del></del>			<del></del>	<del></del>		
DESCRIPTION OF WELL	AND LE	ISE	· · · · · · · · · · · · · · · · · · ·				<del></del> -		·	
case Name	<b>4</b>		ool Name, Includ	-		0.44	of Luase Federal or Fee	1	ease No.	
South Justis Unit "A	7 "	_//	lustis Bli	nebry To	ubb Drini	kard '			EE	
Unit Letter	. 3?	30 E	eet From The A	ORTH 110	mand 99	O E	et Finm The	WES	T 11.	
Unit Letter	_ :	<u></u> N	ser florm the —		~ ****		~ : :OH 100		<u></u>	
Section / Townsh	i <b>p</b> 255	5 R	ange 37	E N	MPM,	Lea	<u> </u>		County	
	ICDODTE!	D 05 011	AND MATTE	DAT CAS						
I. DESIGNATION OF TRAN		or Coodensed		Address (Gir	we address to w	hich approved	copy of this for	rm is to be se	)	
Texas New Mexico Pipe	LXJ	nn an v	لسا	P.O. 1	Box 2528	- Hobbs	. NM 8	8241-25	28	
ame of Authorized Transporter of Casin	ghead Gas	□X α	Dry Gas	Address (Gr	ve address to w	hich approved	copy of this for	m is to be se	mt)	
Sid Richardson Carbon		soline_C	Company		Box 1226			2		
well produces oil or liquids.			wa Rge	-	ly connected?	Whea	-	. /		
ve location of tanks.	<del>                                     </del>				£ 5	12	Wix Nac			
this production is commingled with that  /. COMPLETION DATA	from any other	er lease or poo	ol, give comming	rud ouget print	Der:	<del> </del>	- <del></del>			
. COMPLETION DATA	<u></u>	Oil Well	Gas Well	New Well	Workover	Decpea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i	Ĺ	<u>i</u>	<u>i                                     </u>	<u> </u>			
nte Spudded	Date Comp	il. Ready to Pr	od.	Total Depth			P.B.T.D.			
N. A. D. A. in Farming				Top Oil/Gas Pay			Tulsing Depth			
Devations (DF, RKB, RT, GR, etc.) Name of Producing Formation								rade subm		
eforations	<del></del>						Depth Casing	Shoe		
					NG PEGOR		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
			ASING AND	CEMENTI			T 6	ACVC CENT		
HOLE SIZE	CAS	ING & TUBI	NG SIZE		DEPTH SET		<del>s</del>	ACKS CEME	:NI	
	<del> </del>					·	<del> </del>			
	<del> </del>	<del> </del>						-		
	<del> </del>									
TEST DATA AND REQUE	ST FOR A	LLOWAB	LE							
IL WELL (Test must be after t			load oil and must	be equal to or	exceed top allow pure thou (Flow, pure the control of the control	owable for this	depth or be for	r full 24 hour	3.)	
nte First New Oil Run To Tank	Date of Test	£.		Producing Mi	and it low, pa	- · · · · · · · · · · · · · · · · · · ·	~-,			
eagth of Test	Tubing Pressure			Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbis.			Water - Bbla.			Gas- MCF			
	<u></u>					<del></del>	L			
AS WELL							18= <del>18= 28</del>	al language		
ctual Prod. Test - MCF/D	Length of T	CEL		Bbls. Conden	.BIE/MMCF		Gravity of Co	BOCD FILE		
de Made (charles)	Tibian Bear	seure (Shut-in)	1	Casing Press.	ire (Shut-in)		Chike Size			
ting Method (pitot, back pr.)	1 woing Free	HAND (MICH.)	,							
L OPERATOR CERTIFIC	'ATE OF	COMPI	IANCE							
L OPERATOR CERTIFIC  Thereby certify that the rules and regul				(	OIL CON	ISERV	ATION D	VIVISIO	N	
Division have been complied with and	that the inform	matica givea :	above				JAN - 6	1003		
is true and complete to the best of my	knowledge an	a belial.		Date	<b>Approve</b>	d		1000	<del></del>	
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tuno.	Less.	<u></u>		By_	ORIGINA	L SIGNED	EY JURRY S UPERVISOR	XXION_		
Hames D. Coghurn - 0	peration	ns Coord	linator_	II						
Printed Name	•	Ti	tie .	Title	DECT	<del></del>		^ -	<b>r</b>	
		(505) 39	71-1000		DECL	JON !	AMI V	34	5V 95	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1-1-93

RECORD ONLY

<sup>1)</sup> Request for allowable for newly strilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.