Submit 5 Copies
Appropriate District Office
pls TRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Ferm C-104

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

						1	LPI No.		i i
Operator	0						30-	-025- <i>20</i>	848
ARCO 011 and Gas	Company								
Address	-11- **	lory Ma-	rico 882/1	-1710					
P.O. Box 1710 - H	obbs, N	ew Mex	K100 00241	X Out	er (Please explo	in) Chan	ge Well	Name Fr	om
Resson(s) for Filing (Check proper box) New Wall	(Change in	Transporter of:						#2
	Oil		Dry Gas						
Recompletion U Change in Operator U	Casinghead		Condensate			Effe	ctive:	1-1-	73
f change of operator give name									
nd address of previous operator									
L DESCRIPTION OF WELL	AND LEA	SE							
Lesse Name		Well No.	Pool Name, Includ			C	Lease Federal of Fe	. \	esse No.
South Justis Unit " $oldsymbol{eta}$	11	150	Justis Bli	nebry Tu	bb Drink	ard 312.	140414	\mathcal{L}	EE
Location									
Unit Letter	: 33	0	Feet From The A	LORTH Line	and _23/	<u>0</u> F∞	et From The .	WEST	Line
Section 14 Township	25\$	<u> </u>	Range 37	E , N	MPM,	<u>Lea</u>			County
				DAT CAS					
II. DESIGNATION OF TRAN		COF OI	L AND NATU	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be 24	pu)
me of Authorized Transporter of Oil				1			copy of this form is to be sent)		
Texas New Mexico Pipel	P.O. Box 2528 - Hobbs, NM 88241-2528 Address (Give address to which approved copy of this form is to be sent)					pel)			
Name of Authorized Transporter of Casing			or Dry Gus	1	x 3000 -				
Texaco Exploration and	Produc Unit	Fion,	Twp. Rge.	is gas actually		When	7		
l' well produces oil or liquids, ive location of tanks.		14	25 37		E 5	1 2	NKNO	ww	
f this production is commingled with that f				ing order numb	xer:				
V. COMPLETION DATA		•						, <u></u>	
		Oil Well	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		<u></u>		1				L	
Date Spudded	Date Compl	. Ready to	Prod.	Total Depth			P.B.T.D.		
-	<u></u>			Ton Cileton	S-0		DA' D		
Devations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
							Depth Casing Shoe		
erforations								-	
residiations									
TENGENCE .	777	IRING	CASING AND	CEMENTI	NG RECORI	<u> </u>		·	
			CASING AND		NG RECORI	D	S	ACKS CEM	ENT
HOLE SIZE			CASING AND BING SIZE			D	8	SACKS CEMI	ENT
						D	S	ACKS CEMI	ENT
						D	\$	SACKS CEMI	ENT
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HOLE SIZE	CAS	LLOWA	BING SIZE	be equal to or	DEPTH SET	wable for this	depth or be f		
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- 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 Puls 111 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.