Submit 5 Copies Appropriate District Office DISTRICT 1	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
USTRICT II .O. Drawer DD, Arlesia, NM 88210	P.O. B	TION DIVISION	
DISTRICT III	Santa Fe, New M	exico 87504-2088	
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAR	BLE AND AUTHORIZATION	4
Operator		We	11 API No.
ARCO OIL AND GAS COME		3	0-025-20848
P. O. BOX 1710, HOBBS Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas X Condensate	Cother (Please explain) EFFECTIVE DATE:	UAR 0 1/1652
f change of operator give name ind address of previous operator		<u> </u>	
L DESCRIPTION OF WELL Lesse Name STUART A WN Location	Weil No. Pool Name, Includi 2 JUSTIS TU 20	BB DRINKARD	te, Federal or Fee Feet From The <u>WEST</u> Line
Unit Letter	250 -	37E , NMPM,	LEA County
Section 14 Townshi	P		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTER OF OIL AND NATU	Address (Give address to which appro-	
Texas New Mexico Pipel Name of Authorized Transporter of Casin	ine Co, ghead Gas 🚺 or Dry Gas 🗌	P. O. Box 2528. Hobb Address (Give address to which appro P. O. Box 3000, Tuls	ved copy of this form is to be sent)
Texaco Exp. and Prod., If well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rge. C 14 25 37	is gas actually connected? W1 YES	ben ?
this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give comming		
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Deeper	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Cas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
7. TEST DATA AND REQUES DIL WELL (Test must be after 1 Date Firm New Oil Run To Tank	ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable for Producing Method (Flow, pump, gas li	this depth or be for full 24 hours.) ft, etc.)
Leogth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bols.	Water - Bbis.	Gas- MCF
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC I bereby certify that the rules and regul	iations of the Oil Conservation	OIL CONSER	VATION DIVISION JAN 1 4 '92
Division have been complied with and is true and complete to the best of my	that the information given above	Date Approved	JAN II JL
Jan Cashing Co	Derations Coordinator	ByORIGINAL SIGN	ED BY JERRY SEXTON
Printed Name	Title	Title	
	372-1000	H	

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.