

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO Oil and Gas Company		Well API No. 30-025-20967
Address P.O. Box 1710 - Hobbs, New Mexico 88241-1710		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Change Well Name From 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 type="checkbox"/> Condensate <input type="checkbox"/> Effective: 1-1-93		
If change of operator give name and address of previous operator		

Lease Name South Justis Unit "C"					Well No. 24	Pool Name, Including Formation Justis Blinbry Tubb Drinkard	Kind of Lease State, Federal or Fee	Lease No. NM 05254
Location Unit Letter G : 1750 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 26 Township 25S Range 37E , NMPM, Lea County								

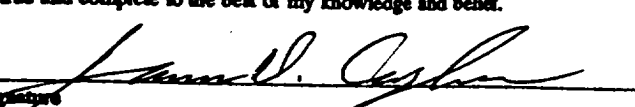
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 - Hobbs, NM 88241-2528				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon and Gasoline Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1226 - Jal, NM 88252				
Is well produces oil or liquids, or location of tanks.	Unit	Sec.	Twsp.	Rge.	Is gas actually connected?	When?
					YES	4/5/65

If this production is commingled with that from any other lease or pool, give commingling order number:  
VI. COMPLETION DATA SID RICHARDSON GASOLINE CO. - Eff. 3/1/93

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviation (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

TEST DATA AND REQUEST FOR ALLOWABLE L 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.)			
Is 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

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

OPERATOR CERTIFICATE OF COMPLIANCE	
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.	
	
James D. Cogburn - Operations Coordinator	Title
(505) 391-1600	Telephone No.
1-1-93	

OIL CONSERVATION DIVISION	
Date Approved JAN - 7 1993	
By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
Title	
FOR RECORD ONLY APR 30 1993	

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 multiple completed wells.

RECEIVED

APR 28 1993

OCD HOBBS OFFICE