Suberit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-164 Revised 1-1-89 See Instructions at Bottom of Pag

DISTRICT E P.O. Drawer DD, Astesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L		TO TRA	NSP	ORT O	L AND NA	ATURAL G					
Operator	_					Well			API No.		
ARCO 011 and Gas	Compan	у)-025- <i>20</i>	2995	
P.O. Box 1710 - 1	Hobbs,	New Me	xico	88241	-1710				·	·	
Reason(s) for Filing (Check proper box) New Well		Change in	Transpo	orter of:	X O	her (Please exp	Chair) Chair	nge Well	Name Fr	COM 2	
Recompletion	Oil		Dry G	. 🛚	47.		5 /	u AK I	T 0		
Change in Operator	Casinghea	d Gus	Conde	, 7			Effe	ective:	1/1/	9'3	
If change of operator give name and address of previous operator	ERML	AN	00	1 - In	<u>C</u> .						
IL DESCRIPTION OF WELL	AND LE	ASE	In	la a la alad	in a Farmation		l Vind	of Lease	-, .		
Lease Name South Justis Unit "	Well No. Pool Name, Inchu						Federal or Fee LC - 0325111				
Location		C 2					_		1.5.6		
Unit Letter	_:_16	30	Feet Fr	om The A	ORTH Lis	ne and9_9	<i>70</i> F	eet From The	WES	LLine	
Section Townshi	i p 25	<u>S</u>	Range	37	E N	MPM,	Lea	3		County	
III. DESIGNATION OF TRAN	ISPORTE	R OF O	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	(X)	or Conden	sale		1	we address to w				•	
Texas New Mexico Pipe Nume of Authorized Transporter of Casin	ine Company phead Gas X or Dry Gas				P.O. Box 2528 - Hobbs Address (Give address to which approved			copy of this form is to be sent)			
Sid Richardson Carbon	and Gasoline Company			nany	P.O. Box 1226 - Jal lis gas actually connected? When						
If well produces oil or liquids, give location of maks.	Unit	Sec.	Тмр	Age.		E 5	Wasa	-	Nown		
If this production is commingled with that	from any oth	et jerse or l	cool, giv	re comming!	ing order num	ber:					
IV. COMPLETION DATA Designate Type of Completion	- (X)	Oil Well	70	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	A		P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations	J								Depth Casing Shoe		
		* mn10	<u> </u>	10 AMD	CTL CENTE	NC DECOR	<u> </u>	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
								ļ			
	 							 			
		11011/4	DIE								
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FOR A ecovery of to	LLLUWA (al volume o	BLE flood o	il and must	be equal to or	exceed top allo	mable for this	s depth or be	for full 24 hour	·z.)	
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.				Water - Bbla.			Gas- MCF			
GAS WELL	<u></u>								- ' '		
Actual Frod. Test - MCF/D	Length of	COST			Bbls. Conden	sale/MMCF		Gravity of C	cedenme		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	IAN	CF	<u></u>						
I hereby certify that the rules and regula	ations of the	Oil Conserv	ation	مد		DIL CON	ISERV	ATION	DIVISIO	N	
Division have been compiled with and is true and complete to the best of my h	that the information in the info	mation give: ad belief.	above		Data	Approve	d s	11 1 7 17	~ ye etc		
1 1					Dale	Whinag	·		 -		
and. Cylin					By OPIGINAL SIGNED BY JERRY SEXTON						
Names D. Coghurn - Operations Coordinator Printed Name Tale					BISTRECT I SUPERVISOR						
1/1/93		(505) 3	391-1			RECO	ממר	ONIV	9		
Dute		Telep	bone No	.	Tid	. The ten been to	مراد المراد	कर् व श ो	MAV	951997	

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 nool in multiply completed wells.