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## State of New Mexico En -y, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brisos Rd., Assec, NM \$7410

| L   | TO TR  | ANSPORT OIL                | AND NA                    | TURAL GA                                      |   |                   |              |            |  |
|---|--|----------------------------|---------------------------|---|---|-------------------|--------------|------------|--|
| ARCO OIL & GAS COMPANY  |  |                            |                           |   | Well  | 025 20995         |              |            |  |
| ARCU UIL & GAS COM  |  |                            |                           | <u> </u>                                      | 0773  |                   |              |            |  |
| P. O. BOX 1710  | HOBBS, NEW                                     | MEXICO                     | 88240                     |   |   | <del></del>       |              |            |  |
| Resson(s) for Filing (Check proper box)   |  |                            | Š Oπγ                     | es (Please expla                              | úu)   |                   |              |            |  |
| New Well  | Oil Change i                                   | a Transporter of:  Dry Gas | ADD T                     | RANSPORTI                                     | ER (GAS)  |                   |              |            |  |
| Recompletion  | Casinghead Gas                                 |                            |                           |   | ,   |                   |              |            |  |
| I change of operator give name  |  |                            |                           |   | -   |                   |              |            |  |
| and address of previous operator  |  | , ,                        |                           |   |   |                   | <del></del>  |            |  |
| IL DESCRIPTION OF WELL  | g Formation Kind o                             |                            |                           | X Lease No.                                   |   |                   |              |            |  |
| Lasso Name SOUTH JUSTIS UNIT  | "A" 12   | NEBRY TURB DRINKARD        |                           |   | MA AC 032511 F  |                   |              |            |  |
| Location  |  | <u>. 1 909110 06</u>       | I MI LUNI                 |   |   |                   |              |            |  |
| Unit Letter E: 1650 Feet From The NOATH Line and 990 Feet From The WEST Line  |  |                            |                           |   |   |                   |              |            |  |
| Service // Township 25 S Range 37 E NMPM, LEA County  |  |                            |                           |   |   |                   |              |            |  |
| Section // Township 23 5 Range 37 E NMPM, LEA County  |  |                            |                           |   |   |                   |              |            |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  |  |                            |                           |   |   |                   |              |            |  |
| Name of Authorized Transporter of Oil CXX or Condensate Address (Give address to which approved copy of this form is to be sent)  |  |                            |                           |   |   |                   |              |            |  |
| TEMPO WEW TIERTIOU I II DELICO VOLATARIA  |  |                            |                           |   | HOBBS, NEW MEXICO 88241 which approved copy of this form is to be sent) Jal, N.M. 88252 |                   |              |            |  |
| FEDARICHARPSONT CAR   | BON PROBASOLI                                  | NE CO.                     | P. O. B                   | ox_3000_                                      | Tulsa,  | Ok. 74102         |              |            |  |
| If well produces oil or liquids,<br>give location of tanks.   | Unit Sec.                                      | Twp Rge                    | is gas actually<br>Yes    | y connected?                                  | Whea  | 7                 |              |            |  |
| If this production is commingled with that f  | from any other lease or                        | r pool, give commingl      |                           | xer:  | <u> </u>  |                   |              |            |  |
| IV. COMPLETION DATA   |  |                            |                           |   |   | ·                 |              | ~          |  |
| Designate Type of Completion  | Oil We   | II Gas Well                | New Well                  | Workover                                      | Deepea  | Plug Back         | Same Res'v   | Diff Res'v |  |
| Date Species  | Date Compl. Ready                              | to Prod.                   | Total Depth               | L   | <b></b>   | P.B.T.D.          |              | <b>-</b>   |  |
| pa opani  |  |                            |                           |   |   |                   |              |            |  |
| Elevations (DF, RKB, RT, GR, etc.)  | RKB, RT, GR, etc.) Name of Producing Formation |                            |                           | Top Oil/Gas Pay                               |   |                   | Tubing Depth |            |  |
| Perforations  |  |                            |                           |   |   | Depth Casing Shoe |              |            |  |
|   |  |                            |                           |   |   | <u> </u>          |              |            |  |
|   |  | CEMENTING RECORD           |                           |   | 0.000 05155   |                   |              |            |  |
| HOLE SIZE   | CASING & T                                     | DEPTH SET                  |                           |   | SACKS CEMENT  |                   |              |            |  |
|   |  |                            |                           |   |   |                   |              |            |  |
|   |  |                            |                           |   |   | <del> </del>      |              |            |  |
| W TEST DATA AND DEOLIES   | T FOR ALLOW                                    | /ARLE                      | 1                         |   |   | 1                 |              |            |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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 fiell 24 hours.) |  |                            |                           |   |   |                   |              |            |  |
| Date First New Oil Rua To Tank Date of Test   |  |                            |                           | Producing Method (Flow, pump, gar lift, etc.) |   |                   |              |            |  |
|   | Tables Person                                  |                            |                           | Casing Pressure                               |   |                   | Choke Size   |            |  |
| Length of Test  | Tubing Pressure                                |                            |                           |   |   |                   |              |            |  |
| Actual Prod. During Test  | Oil - Bble                                     |                            | Water - Bbls.             |   |   | Gas- MCF          |              |            |  |
| <u></u>   | L  |                            | L                         |   |   | I                 |              |            |  |
| GAS WELL  | N - 3 - 7 W -                                  |                            | TBNs Conden               | mte/MMCF                                      |   | Gravity of Co     | ndenssta     |            |  |
| Actual Prod. Test - MCF/D   | Length of Test                                 |                            | Bbls. Condennate/MMCF     |   |   |                   |              |            |  |
| Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-m)                       |                            | Casing Pressure (Shut-in) |   | Choke Size  |                   |              |            |  |
|   | <u> </u>                                       |                            | <u> </u>                  |   |   | <u></u>           |              |            |  |
| VL OPERATOR CERTIFICATE OF COMPLIANCE   |  |                            | OIL CONSERVATION DIVISION |   |   |                   |              |            |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above   |  |                            | \(\frac{1}{2}\)           |   |   |                   |              |            |  |
| is true and complete to the best of my knowledge and belief.  |  |                            | Date Approved             |   |   |                   |              |            |  |
| land Costin   |  |                            |                           | • •   | _   |                   |              |            |  |
| Sandar /  |  |                            |                           | By ORIGINAL SIGNED BY JERRY SEXTON            |   |                   |              |            |  |
| JAMES COGBURN   | OPERATIONS                                     |                            | STATE OF SUPERVISOR       |   |   |                   |              |            |  |
| Printed Name 6/2// 93   | (505) 391-1                                    | Title 621                  | Title                     |   |   | <del></del>       | <del></del>  |            |  |
| Dute 7.// 4.5   | To   | lephone No.                |                           |   |   |                   |              |            |  |

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 multiply completed wells.

RECEIVED

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