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## STITE OF LICH WICHEN Freezgy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Baixos Rd., Ariec, NM 87410

DISTRICT E P.O. Drawer DD, Assesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| L.  | 7   | TO TRA   | NSP               | ORT OIL         | AND NA                                | TURAL GA                                       | AS   |                                       |            |            |  |  |
|---|---|--|-------------------|-----------------|---------------------------------------|--|--|---------------------------------------|------------|------------|--|--|
| Operator  | Well API No.  |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
| ARCO OIL & GAS COM  |   | 30 025 2/058   |                   |                 |                                       |  |  |                                       |            |            |  |  |
| P. O. BOX 1710  | HOBBS   | , NEW  | MEXI              | CO              | 88240                                 |  |  |                                       |            |            |  |  |
| Reason(s) for Filing (Check proper box)   |   |  | _                 |                 | Ķ. Oπ                                 | es (Please expl                                | zie)   |                                       |            |            |  |  |
| New Well  | Oil   | Change in  | Transpo<br>Dry Ge |                 | ADD T                                 | RANSPORT                                       | ER (GAS                                      | )                                     |            |            |  |  |
| Recompletion U  |   |  |                   | •               |                                       |  |  |                                       |            |            |  |  |
| Change in Operator Lift change of operator give same  | Caringhead  |  | Conden            |                 |                                       |  |  |                                       |            |            |  |  |
| and address of previous operator  |   |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
| IL DESCRIPTION OF WELL  | AND LEA   | SE   |                   |                 |                                       |  | <del></del>                                  | · · · · · · · · · · · · · · · · · · · |            |            |  |  |
| Lesse Name  | Well No. Pool Name, Including   |  |                   |                 | Qu                                    |  |  | of Lease No. Federal or Fee           |            |            |  |  |
| SOUTH JUSTIS UNIT   | '" <i>P</i> "   | 12   | JUS               | TIS BL          | INEBRY T                              | UBB DRIN                                       | KARD   |                                       | NANK       | 4 4355     |  |  |
| Location Unit Letter  | 23  | 10   | . Foot Fr         | 000 The 24      | ORTH Line                             | and 990  | Fe   | et From The .                         | EAST       | Line       |  |  |
| Section // Township 25 S Range 37 E NMPM, LEA County  |   |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
| THE PROPERTY OF THE ANCHORTED OF ON AND NATIONAL CAS  |   |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil  | III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XXX or Condensate             |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
| TEXAS NEW MEXICO F  |   | P O BOX 2528 HOBBS, NEW MEXICO 88241   |                   |                 |                                       |  |  |                                       |            |            |  |  |
| Name of Authorized Transporter of Casin   | Gas   | Address (Give address to which approved copy of this form is to be send) P.U. BOX 1226 Jal, N.M. 88252 |                   |                 |                                       |  |  |                                       |            |            |  |  |
| SID RICHARDSON TOAR   | BON & GASOLINE CO.  |  |                   |                 | P = 0 = B                             | ox_3000_                                       | Tulsa,                                       | 0k. 74102                             |            |            |  |  |
| If well produces oil or liquids,  | ell produces oil or liquids, Unit Sec. Twp.   |  |                   |                 | is gas actually                       | connected?                                     | When   | 1                                     |            |            |  |  |
| rive location of tanks.   | 1   |  |                   |                 | Yes                                   |  |  | <del></del>                           |            |            |  |  |
| If this production is commingled with that  IV. COMPLETION DATA   | from any other  | EX HEATHE OF   | роск, до ч        | e community     | ing Oroca sound                       | <b></b>  | <del> \                               </del> |                                       |            |            |  |  |
|   | - M   | Oil Well   | ٦                 | Cas Well        | New Well                              | Workover                                       | Deepea                                       | Plug Back                             | Same Res'v | Diff Res'v |  |  |
| Designate Type of Completion  |   | Ready to   | Prod              |                 | Total Depth                           | <u></u>  | <u> </u>                                     | P.B.T.D.                              | <u> </u>   | <u> </u>   |  |  |
| Data Spudded  | Date Comp   | Date Compil. Ready to Prod.  |                   |                 |                                       |  |  |                                       |            |            |  |  |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation   |  |                   |                 | Top Oil/Gas Pay                       |  |  | Tubing Depth                          |            |            |  |  |
| Perforations  |   |  |                   |                 | Depth Casing Shoe                     |  |  |                                       |            |            |  |  |
|   |   |  |                   |                 |                                       |  |  | <u> </u>                              |            |            |  |  |
|   | TUBING, CASING AND  |  |                   |                 |                                       |  |  | SACKS CEMENT                          |            |            |  |  |
| HOLE SIZE   | CASING & TUBING SIZE  |  |                   | DEPTH SET       |                                       |  | Shorts CEMENT                                |                                       |            |            |  |  |
|   | <b></b>   |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
|   | <del> </del>  |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
|   |   |  |                   |                 |                                       |  |  | <u> </u>                              |            |            |  |  |
| V. TEST DATA AND REQUES   | T FOR A   | LLOWA  | BLE               |                 |                                       | . w  | H. A. A.                                     | . 4 (6 6 . 4                          | 4.11.34 h  | -1         |  |  |
|   | be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.) |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
| Date First New Oil Rus To Tank  | Date of Test  |  |                   |                 |                                       | Processing interest to some party and specific |  |                                       |            |            |  |  |
| Length of Test  | Tubing Pressure   |  |                   | Casing Pressure |                                       |  | Choke Size                                   |                                       |            |            |  |  |
| Actual Prod. During Test  | Oil - Bbls  |  |                   | Water - Bbis.   |                                       |  | Gas- MCF                                     |                                       |            |            |  |  |
| Actual Proc. Daring Year  | Oi · Box  |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
| CAC YEST I  | <u> </u>  |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
| GAS WELL Actual Frod Test - MCF/D   | Bbis. Condens   | ate/MMCF   |                   | Gravity of C    | codensate                             |  |  |                                       |            |            |  |  |
| Menne More Law Miles  | Length of Test  |  |                   |                 |                                       |  |  | ·                                     |            |            |  |  |
| Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-m)  |  |                   |                 | Casing Pressure (Shut-in)             |  |  | Choke Size                            |            |            |  |  |
| M ODED ATOD CEDTIES   | ATF OF  | COMP   | LIAN              | CE              |                                       | \II  | 0500   | ATION:                                | 011/10:0   |            |  |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation |   |  |                   |                 |                                       | DIL CON  | SERV   | AHONI                                 | DIVISIO    | N          |  |  |
| Division have been cornelled with and that the information given above  |   |  |                   |                 | İ                                     |  |  | <b>.</b>                              | 44         | `          |  |  |
| is true and complete to the best of my knowledge and belief.  |   |  |                   |                 | Date                                  | Approved                                       | للل ل  | 1919                                  | 93         |            |  |  |
| 1. 0/1  |   |  |                   |                 |                                       |  |  |                                       |            |            |  |  |
| Jane Coh  |   |  |                   |                 | By #ISTRICT 1 STATESOR                |  |  |                                       |            |            |  |  |
| JAMES COGEURN OPERATIONS COORDINATOR  |   |  |                   |                 | 12                                    |  |  |                                       |            |            |  |  |
| Printed Name Tale   |   |  |                   |                 | Title ORIGINAL SIGNED BY JERRY SEXTON |  |  |                                       |            |            |  |  |
| Co /21/93   | (505)   | <u> 191-16</u><br>Tolei  | 21<br>phose No    | <u> </u>        |                                       | . <sup></sup> .                                | ristol ( S                                   | OKEK A12OI                            | Λ.         |            |  |  |

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.