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

F 39, Minerals and Natural Resources Department

rorm C-100 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

DISTRICT II P.O. Drawe DD, Astesia, NM \$1210

REQUEST FOR ALLOWABLE AND AUTHORIZAT	ΓΙΌΝ
TO TRANSPORT OIL AND NATURAL GAS	
	T WALL A DE NO

Operator Ope					30 025 2/092						
ARCO OIL & GAS COMPANY						1 30 023 2/072					
Address P. O. BOX 1710	новвя	, NEW	MEX:	I CO	88240						
Reason(s) for Filing (Check proper box)					V Othe	(Please expla	ie)				
New Well		Change is	•		ADD THE	ANCDADE	en (CAC)				
Recompletion	Oil		Dry G	_	ADD TR	RANSPORTE	ER (GAS)				
Change in Operator	Casinghea	d Gas 📙	Conde								
If change of operator give name									~ ·		
and address of previous operator	4 N TO 1 TO 4	L C1P									
IL DESCRIPTION OF WELL	AND LEY	Well No.	Pool N	iame, includ	ing Formation			(Lease	La	use No.	
Lasse Name SOUTH JUSTIS UNIT	" F "	20			INEBRY TI	IRR DRIN	CARD State,	Pederal of Fee	SF	F	
Location			1 100	<u> </u>							
F	. 198	30	Feat P	rom The A	10RTH Line	and 3 3	<u>O</u> Fo	et From The	WEST	Line	
Unit Letter		_						F. 4		•	
Section 24 Township	25	<u>s</u>	Range	37	E NM	IPM,	<u>L</u> .	EA		County	
		D 05 01	FF A.N.	TO MATE	DAT CAS						
III. DESIGNATION OF TRANS		or Conden	LL AF	U NAIO	Address (Give	address to wh	ich approved	copy of this for	m is to be sen	()	
Name of Authorized Transporter of Oil TEXAS NEW MEXICO P	TOFI THE			L	1			NEW MEXIC			
Name of Authorized Transporter of Casing	head Gas	لكا	or Dry					copy of this for			
SID RICHARDSON CAR	BONDA				P. O. Bo	x_3000_	<u>Tulsa,</u>	-0k 7410)2		
If well produces oil or liquids,	Unit	Sec.	Twp	Rge	1 -	connected?	When	7			
give location of trake.	11		l		Yes		L	···-			
If this production is commingled with that f	from any oth	er lease or	pool, gi	ve comming	ling order numb	a:					
IV. COMPLETION DATA		lon mun		Ges Well	New Well	Workover	Deepea	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- 00	Oil Well		OFT Men	1	W G ED G	5			1	
Date Spudded		al. Ready to	Prod		Total Depth			P.B.T.D.			
Part Shoroer		•									
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	ormatio	•	Top Oil/Gas P	ay		Tubing Depth			
					<u> </u>			Dart Carina	<u> </u>		
Perforations		-						Depth Casing	Silve		
			<u> </u>	DIC AND	CEMENTIN	C PECOPI	<u> </u>	<u> </u>		····	
					CEMENTIN	DEPTH SET	<u></u>	S/	CKS CEME	NT	
HOLE SIZE	CA	SING & TI	Jeing	SILE	 	<u> </u>	·····	<u> </u>			
	 				1						
	 										
					<u></u>			<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	;		4	Mar Can this	ما ما سامدان	- 6-11 2d hove	• 1	
OIL WELL (Test must be after recovery of total volume of load oil and must					t 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 Rua To Tank	Date of Te	4			Producing Me	a.c.a (1 10 11) p		,			
				Casing Pressu	re		Choke Size				
Length of Test	Tubing Pre	TALLE.									
Actual Prod. During Test	Oil - Bbis				Water - Bbis.			Gas- MCF			
Actual Flor During Ton								L			
CACTICIA											
GAS WELL Actual Frod Test - MCF/D	Length of	Test			Bols Conden	HIE/MMCF		Gravity of Co	edensate		
Actual Flore for a succession								A	···		
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shu	(-m)		Casing Pressu	ne (Shu£-ia)		Choke Size			
	<u>L</u>				ــــــا			l			
VL OPERATOR CERTIFIC	ATE OF	COME	PLIA	NCE	(DIL CON	ISFRV	ATION E	IVISIO	N	
I have entity that the rules and result	ations of the	Oil Conse	vation					,,,,		` `	
Division have correlated with and that the information gives move				Data Approved 1111 1 9 1003							
is true and complete to the best of my knowledge and belief.					Date Approved						
Janual Co	hu	_				ORIG	INAL SIGI	NED BY JER	RY SEXTO	N	
Signature Con					By_	<u></u>	- DISTRIC	T I SUPERV	SOR		
JAMES COGBURN	OPERAT	CIONS		DINATOR	·					74	
Printed Name	/E05\	201 1	Title		Title.					1;	
Date 6/21/93	(202)	391-11 Tel	ephoes	No.							
1/84					4				12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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) Pill 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.