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ppropriate District Office
ISTRICT I
O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DITRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		O TRA	<u>NSI</u>	POF	RT OIL	AND NA	UHAL GA	Well A	PI No.			
Operator								30-025-21184				
ARCO OIL AND GAS COMPANY												
Address			_									
BOX 1710, HOBBS, NEW	MEXICO	8824	10			Othe	z (Please expla	in)				
Reason(s) for Filing (Check proper box) New Well	c	hange in	Trans	sporte	r of:						Ì	
Recompletion	Oil		Dry	Gas		EI	FECTIVE:	11/01	/91		İ	
Change in Operator	Casinghead	Gas 🎦	Cond	densat	e 🛄							
change of operator give name												
nd address of previous operator						K	C-9745	5 11/11	192			
I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including							<u>, 4,7,5</u>	, Kind o	(Lease	7 n.z.	ase Na	
Lease Name W. F. STUART	'	1	Jī	JST.	[S BL]	NEBRY	led Sound	Care State,	rederal on Fee			
Location							2310	1		WEST		
F	. 1650 Feet From The					ORTH 2310 Fee			t From TheLine			
Unit Letter		C				37E		LEA	A		County	
Section 14 Township	25		Ran	ge		NI NI	ирм,					
		OF O	77 A	NID.	NA TH I	DAT GAS						
III. DESIGNATION OF TRANS	SPORTER	or Conde	IL A	שרוג	TATU.	Address (Giv	e address to wh	uch approved	copy of this fo	orm is so be see	u)	
Texas New Mexico Pipeli	ndraz i			L		P. O. B	ox 2528,	Hobbs,	NM 884	240		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
sid Richardson Carbon & Gasoline Co.					P. O. Box 1226, Jal. NM 88252							
If well produces oil or liquids,	Unit !	Sec.	c limb		_	Is gas actuall YES	y connected?	When				
give location of tanks.	F	14	1 2		37							
f this production is commingled with that f	rom any other	r lease of	pool,	give	comming	ing order man						
V. COMPLETION DATA		Oil Well	<u> </u>	Ga	. Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i			İ	<u> </u>	<u> </u>	L	<u> </u>	1	
Date Spudded	Date Compl	. Ready W	о Ртос	4		Total Depth			P.B.T.D.			
	<u> </u>					Top Oil/Gas Pay			Tubing Depth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Old GET 13)							
									Depth Casing Shoe			
Perforations												
	T	IBING	. CA	SIN	G AND	CEMENTI	NG RECOR	D D	,			
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT		
HOLE GLE									·			
						 						
	TEODA	IIAW	ARI	F					<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	o romani al loc	el volum	e of lo	ad oil	and mus	t be equal to o	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes					Producing M	ethod (Flow, p	ump, gas lift, e	ac.)			
DEE LIE IEA OU VOT 10 1						Choke Size						
Length of Test	Tubing Pressure					Casing Pressure						
						Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbis.											
	<u></u>											
GAS WELL	11	East				Bbis. Conde	nmte/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test											
Testing Method (pitot, back pr.) Tubing Pressure (Shut-m)					Casing Pressure (Shut-in)			Choke Size				
1 sering kaction (back, each pr.)												
VI. OPERATOR CERTIFIC	ATE OF	COM	PLL	AN	CE			NSERV	ATION	DIVISIO	N	
I have a with that the trick and rest	lations of the	Of Cours	GLASTIN	08				40LIIV	, , , , , , , , ,			
Division been permitted with and that the information gives above						1		_ al	As at 1	68 1991	1	
is true and complete to the best of my	EDOMICOS: #	ig benet.				Dat	e Approve	ea	19321	V_V_, V_V		
1- X-1							(Physical and a second					
famel soften						∥ By₋	ORIGII	AN MON	© 3Y Jan	ET SEXTON		
James D. Cogburn, Operations Coordinator							DISTRICT I SUPPRISTION					
Printed Name						Title						
_11/05/91				ne No		1						
The same of the sa		**										

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.