Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Azzec, NM 87410 I.	REQUESTA	OR ALLOWAE	BLE AND A	UTHORIZ	48				
Operator				Well API No.					
ARCO OIL AND GAS COMPANY				30-025-21188					
Address	TO MEN MENT CO	88240							
P. O. BOX 1710, HOB		00240	Othe	s (Please expla	in)				
Reason(s) for Filing (Check proper box		n Transporter of:		. (•	د د ایل	0 7 183	19	
New Well	Oil C	Dry Gas	E E.	FECTIVE	DATE:		, ,,,	5	
Recompletion	Casinghead Gas X	· —	L1	LECTIVE	2112				
Change in Operator If change of operator give name	Cangical Ca	,							
and address of previous operator					<u> </u>				
II. DESCRIPTION OF WEL	L AND LEASE						TED.		
Lease Name	Well No.	Pool Name, Includi	ing Formation		Kind o	ederal of Fee	LC-032		
JAL	3	JUSTIS BL	INEBRY		ا عسور		120-032		
Location	000		MODTH	990			EAST	Line	
Unit LetterA	:990	_ Feet From The	NORTH Line	and	rec	t From The _			
Section 11 Town	ship 25S	Range	37E , NA	ирм,	L	<u>EA</u>		County	
III. DESIGNATION OF TRA	ANSPORTER OF C	IL AND NATU	RAL GAS	e address to w	hick approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528. Hobbs. NM 88240								
Texas New Mexico Pipe	Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give address to which approved copy of this form is to be vent)					
Name of Authorized Transporter of Ca		01 <i>D11</i>		Box 3000					
Texaco Exp. and Prod. If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually		When	?			
give location of tanks.	B 11	25 37	YE	ES		2/29/80			
If this production is commingled with the	at from any other lease or	r pool, give comming	ling order numi	xer:]	OHC-288				
IV. COMPLETION DATA						Plug Back	Same Resiv	Diff Resiv	
Designate Type of Complete	Oil We	II Gas Well	New Well	Workover	Deepen	Plug Dack	Same Nes v	1	
Designate Type of Completion	Date Compl. Ready	to Prod	Total Depth	L		P.B.T.D.	_	<u> </u>	
Date Spudded	Date Compt. Ready	201104							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe			
									Perforations
	T IDDIC	CASD'C AND	CEMENTI	NG RECOF	?D	<u> </u>			
100 5 6135		CEMENTING RECORD DEPTH SET			SACKS CEMENT				
HOLE SIZE	HOLE SIZE CASING & TUBING S.ZE								
							·		
									
			·						
V. TEST DATA AND REQU	EST FOR ALLOW	ABLE		d ton al	lounble for thi	e derek or be i	for full 24 hou	75.)	
	er recovery of total volum	e of load oil and mut	Description M	ethod (Flow, p	nomp, eas lift, e	esc.)			
Date First New Oil Run To Tank	Date of Test		r.omeing i-i	outou (i ve i i j	- 4.0				
1 of Ton	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
Length of Tes	TODING TICSANO	Tubing Freezers							
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.		Water - Bbla					
GAS WELL						Complex of	Ondenesta		
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate		
		ut in	Casing Press	sure (Shut-ia)		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	:u-III <i>)</i>	Canal I loss	(
		DI IANGE							
VL OPERATOR CERTIF	ICATE OF COM	IPLIANCE		OIL CO	NSERV	ATION	DIVISIO	אכ	
I hereby certify that the rules and r Division have been complied with	egulations of the Oil Cons and that the information s	ervanou iven above				JAN 1	4'92		
is true and complete to the best of	my knowledge and belief.		Date	a Approvi	ed		<u> </u>		
2 0/				• •					
Jane Cy			By_	C alch	<u>(7.1 5) (1.15)</u>	h ti ilab	A CEXTON		
Signature	Operations Co.	ordinator	-				7/3 2/4		
Ames D. Cogburn,		Title	Title	9					
A HINOR LASIES	44)	392-1600	11 11119	· 					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.