Submit 5 Copies
Appropriate District Office
DISTRICT I
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 Instruction

DISTRICT II P.O. Drawer DD, Antesia, NM \$8210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	OTRANS	SPORT OIL	AND NA	TURAL GA	Nell A	DI No			
Operator	perator							≥1188		
ARCO OIL AND GAS COMPANY						21130				
Address										
BOX 1710, HOBBS, NEW	MEXICO	88240		Oth	es (Please expla	uin)				
Reason(s) for Filing (Check proper box) New Well	,	Change in Tra	insporter of:			•				
Recompletion	Oil Dry Gas EFFECTIVE: 11/01/91									
Change in Operator	Casinghead Gas 🔀 Condensate 🗌									
If change of operator give name										
and address of previous operator				·						
IL DESCRIPTION OF WELL		SE		- F		Vind o	(Lesse	1.0	ase No.	
Lease Name		Well No. Po	ol Name, Includio					ederal or Fee IC-032511d		
Location			<u> </u>	<u> ()) </u>	7			,		
A	. 99	70 E	et From The	Vorth Lin	e and 99	<u></u> F∞	t From The	=25+	Line	
Unit Letter	· · 								_	
Section \\ Township	\overline{a}	955 r	inge =	37E , N	мрм,	يوم			County	
	enon mer	OF OU	AND NATED	DAT GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
Texas New Mexico	181			P. D. Box 2528, Hobbs, Nm X2240						
Name of Authorized Transporter of Casinghead Gas 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. Twp. Rge.			Is gas actually connected? When			1 2/29/80			
give location of tanks.	17	ــــــــــــــــــــــــــــــــــــــ	<u> 25137 </u>	1 4		DHC-3		750		
If this production is commingled with that f	rom any othe	er lease or poo	i, give commingi	ing order min		<u> </u>	<u> </u>			
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)			İ	<u>i </u>			<u></u>	1	
Date Spudded	Date Comp	. Ready to Pr	od.	Total Depth			P.B.T.D.			
				Top Oil/Gas Pay			T.h. as Death			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Old Cas ray			Tubing Depth			
Perforations							Depth Casing Shoe			
retorations							<u> </u>			
TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							!			
							<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE							
OIL WELL (Test must be after to	covery of lo	ial volume of i	load oil and must	be equal to o	r exceed top all	owable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
	Casing Pressure Choke Size									
Length of Test	Tubing Pres	Tubing Pressure			Cating Fressure					
Actual Prod. During Test	Oil - Bbls.			Water - Bbis			Gas- MCF			
Actual Proof Dairing 1624										
CAC TITLE										
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
70000							Choke Size			
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shut-in)	Casing Pressure (Shut-in)			Choice Size			
				٠					<u>. </u>	
VL OPERATOR CERTIFIC	ATE OF	COMPL	IANCE		OIL CO	NSERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation					O.L 00.					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Dot	e Approve	ad.		: :	f ·	
				Date	e whhinge					
Januar Voylin					Bert	in alimentary	ay itro	SEXTON		
Signature					By Online Service By Service For Some Services					
James D. Cogburn, Operations Coordinator Printed Name Title				Title						
11/05/91		392-	1600			·				
Date			one No.	11						

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.