

Submitt 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1900, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator ARCO OIL & GAS COMPANY		Well API No. 30 025 21328
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ ADD TRANSPORTER (GAS) Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or <u>Fee</u>	Lease No. <u>FFB</u>
Lease Name SOUTH JUSTIS UNIT "B"	Well No. 140	Pool Name, Including Formation JUSTIS BLINEBRY THUR DRINKARD	
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>SOUTH</u> Line and <u>2310</u> Feet From The <u>WEST</u> Line Section <u>11</u> Township <u>25 S</u> Range <u>37 E</u> , <u>NMPM</u> LEA County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <u>XXX</u> or Condensate ☐	P. O. BOX 2528 HOBBS, NEW MEXICO 88241		
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, N.M. 88252		
TEXACO EXPLORATION & PRODUCTION	P. O. Box 3000 Tulsa, Ok. 74102		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Trp.
			Rge.
			Is gas actually connected? <u>Yes</u> When?

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE		OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature <u>James Cogburn</u>	OPERATIONS COORDINATOR
Printed Name <u>JAMES COGBURN</u>	Title
Date <u>6/21/93</u>	Telephone No. <u>(505) 391-1621</u>

OIL CONSERVATION DIVISION	
Date Approved	<u>JUL 19 1993</u>
By	<u>ORIGINAL SIGNED BY JERRY SEXTON</u>
	<u>DISTRICT SUPERVISOR</u>
Title	

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.