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 Instructions at Bottom of Page

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

TEXAS NEW MEXICO PIPELINE

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

Operator

Address

New Well

Recompletion

Change in Operator

**GAS WELL** 

Date

Actual Prod. Test - MCF/D

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe. New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No 30-025-21328 ARCO OIL AND GAS COMPANY BOX 1710, HOBBS, NEW MEXICO 88240 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: Dry Gas EFFECTIVE: 1/7/92 Oil Casinghead Gas X Condensate

If change of operator give name and address of previous operator -9745 II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation State, Federal or Fee IN1125S37E JUSTIS BLINEBRY July Duck J. A. STUART Location 990 Feet From The SOUTH Line and 2310 \_\_ Feet From The <u>WEST</u> , NMPM, LEA 25S Range 37E Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil

P. 0.

or Dry Gas \_\_\_\_

Name of Authorized Transporter of Casinghead Gas P. O. BOX 3000, TULSA, OK 74102 TEXACO EXP. & PROD., INC. When? Rge. Is gas actually connected? Unit Sec. Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)

OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls.

Bbis. Condensate/MMCF

Title.

Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

X

CO.

 $\mathbf{X}$ 

Choke Size Casing Pressure (Shut-in) 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 James D. Operations Coordinator Cogburn. Title Printed Name 392-1600 2/10/92 Telephone No.

OIL CONSERVATION DIVISION

BOX 2528, HOBBS, NEW MEXICO 88240

Address (Give address to which approved copy of this form is to be sent)

FFB 1 1'92 Date Approved \_ Faul Kautz ស៊ីតុលខន្ង**នៃ**ធ្

Gravity of Condensate

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

Length of Test

- 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.