District Office ICT | or 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 Brizos Rd., Aziec, NM 87410

DISTRICT # P.O. Drawer DD, Artesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

.	T	O TRANS	SPORT OIL	AND NA	TURAL GA	US					
Operator						Well	PINO.	225 - 1	/		
ARCO Oil and Gas	Company					L	30-	-025- <i>21</i>	3541		
Address									l		
P.O. Box 1710 - He	obbs, No	ew Mexi	<u>co 88241-</u>	-1710	e (Places evole	ial Chan	W-11	Nome Fr			
Reason(s) for Filing (Check proper box)	Reason(s) for Filing (Check proper box)										
New Well						WIMBI	ealy i	WN #	10		
Recompletion	Oil	_ Dr	ndensale			refo.	ativa.	1-1-9	7 3		
Change in Operator	Casinghead	Gas C	poesiere []			Elle	CLLYE				
f change of operator give name and address of previous operator											
	ANDEREA	c E									
IL DESCRIPTION OF WELL	AND LEA	Well No. Po	ol Name, Includir	e Formation		Kind	(Lease		sase No.		
Lesse Name		20 1	uetie Rli	nebry Tu	bb Drink	ard Sime,	Federal or Fe				
South Justis Unit P 1 1 1 1 1 1 1 1 1											
Location Unit Letter F : 1980 Feet From The NORTH Line and 2359 Feet From The WEST Line											
Country											
Section 2 10wnsnip 233											
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>(X)</u>	or Condensate		70000-00 (01)					1		
Texas New Mexico Pipeline Company P.O. Box 252							8 — Hobbs, NM 88241-2528 to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas											
Texaco Exploration and	nc.	P.O. Box 3000 - Tulsa, Is gas actually connected? When									
M well produces oil or liquids,	Unit Sec. Twp. Rgc. D 24 25 37			YES 21			VKNOWN				
give location of tanks.				<u> </u>							
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	1		i	<u> </u>	<u> </u>		<u> </u>			
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
	mAurine Formation		Top Oil/Gas Pay			Tubing Dep	Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations					-		Depth Casin	g Shoe	ŀ		
							<u> </u>				
	T	UBING, C	ASING AND	CEMENTI	NG RECOR	D	2404205145145				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							 				
							 				
	<u> </u>						 				
	TOD A	LLOWAR	o F				<u> </u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FUR A		les lead oil and must	be equal to or	exceed top allo	wable for thi	depth or be	for full 24 hou	rs.)		
OIL WELL (Test must be after re			toda ou dia man	Producing M	ethod (Flow, pu	emp, gas lift, e	sc.)				
Date First New Oil Rua To Tank	Date of Tes	L			,						
	of Test Tubing Pressure				ure .		Choke Size				
Leigh of Test	1 HOURS 1 1000010			L			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Uar MCF				
Actual Floor During 1000							<u> </u>				
GAS WELL Actual Frod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate				
Actual Pros. 1est - NICITO	Contract of the contract of th			<u> </u>			<u> </u>	Choke Size			
Testing Method (pitot, back pr.)	Sethod (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Cross Sus			
Tatring weeners franct same to A							<u></u>				
AN ODER ATOR CERTIFIC	ATE OF	COMPL	IANCE			ICEDV	MOITA	DIVISIO	N		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
This is the same have complied with and that the information gives above				JAN - 7 jegs							
is true and complete to the best of my knowledge and belief.					Approve	d					
family your					By ORIGINAL SIGNED BY JERRY SEXTON						
James D. Cogburn Operations Coordinator											
Printed Name	oper.		ide	Title)						
E femmes a property		(505)	391-1621								
Des 1-1-93		Teleph	ione No.								

- 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.