	State of New Energy, Minerals and Natur	v Mexico al Resources Department	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DE Anesia, NM 88210	OIL CONSERVAT P.O. Boy Santa Fe, New Mey	<b>(2</b> (8)	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABL	E AND AUTHORIZATION	
L	TO TRANSPORT OIL	AND NATURAL GAS	PI No.
Operator	ANV		025-21354
ARCO OLL AND GAS COMPA Address P. O. 50X 1710, HOBBS			
P. O. BUX 1710, HOBBO Reason(s) for Filing (Check proper box)		Other (Please explain)	256 . 382
New Well	Change in Transporter of:	EFFECTIVE DATE:	
Recompletion Change in Operator	Casinghead Gas 🖾 Condensate		
If change of operator give name and address of previous operator			
IL DESCRIPTION OF WELL	AND LEASE	<u>R 9745 11/192</u> Kind o	Lease No.
Lease Name	WEILING I COLL MANNEY MANNEY	INEBRY Jule Drinkard State,	Federal Or Fee FEE
WIMBERLY WN			WEST Line
Location F	1980 Feet From The	ORTH Line and 2309 Fo	et From The <u>WEST</u> Line
Unit Letter	p 25S Range 37E	, NMPM, L	EA County
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS Address (Give address to which approved	copy of this form is to be sent)
Name of Authorized Transporter of Oil		D O Por 2528 Hobbs	NM 88240
Texas New Mexico Pipel Name of Authorized Transporter of Casin	ghead Gas XX or Dry Gas	Address (Give address to which approved P. O. Box 3000, Tulsa	OK 74102
Texaco Exp. and Prod.,		Is gas actually connected? When	?
If well produces oil or liquids, give location of tanks.	D 24 25 37	YES	
If this production is commingled with that	from any other lease or pool, give comming	ing order number: <u>10 200</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)	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.		Tubing Depth
Elevations (DF, RKB, RT, GR, elc.)	Name of Producing Formation	Top Oil/Gas Pay	
Perforations			Depth Casing Shoe
	TINDIC CASDIC AND	CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
·			
V. TEST DATA AND REQUE	EST FOR ALLOWABLE recovery of total volume of load oil and mu	st be equal to or exceed top allowable for t	his depih or be for full 24 hours.)
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift	l, elc.)
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		Gas- MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL		Bbis Condensale/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	I wash of Test	DOIR CODULT	
	Length of Test		Choke Size
Testing Method (puot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size VATION DIVISION
Testing Method (pilot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and re-	Tubing Pressure (Shut-in) ICATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above	Casing Pressure (Shut-in) OIL CONSER	
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Testing Method (pilot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and re Division have been complied with a is true and complete to the best of m Signature dames D. Cogburn,	Tubing Pressure (Shut-in) ICATE OF COMPLIANCE gulations of the Oil Conservation and that the information given above	Casing Pressure (Shut-in) OIL CONSER Date Approved	VATION DIVISION JAN 1 4 '92

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

2) All sections of this form must be filled out for allowable on new and recompleted wells.
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.

RECEIVED

JAN 1 0 1992

040 Hobas office