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Appropriate District Office
DISTRICT!
F.O. Box 1980, Hobbs, NM 88240

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

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 Brasos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	•	TO TRA	NSP	ORT OIL	<u>, and na</u>	TURAL GA	\S				
pensior						Meff VIJ LAO					
ARCO 011 and Gas	Company	у						30-025-2206/V			
Address											
P.O. Box 1710 - H	obbs,	New Mex	ico	88241	-1710 X Ouh	er (Please expl	ia) Chan	co Woll	Name Fr		
Reason(s) for Filing (Check proper box)		LA CHAILE									
New Well	Oil Dry Gas							FATON SWJH#8			
Recompletion		_	Conde	_			Effe	ctive:	1-1-	93	
Change in Operator	Canagas										
If change of operator give name and address of previous operator										 	
IL DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.		iame, Includi	# 1 CHILLIAN			(Lease No. Lease No. Federal or Fee NM J- 540			
South Justis Unit "F	11 /4 Justis Blinebry Tubb Drinkard State Frederica Fred NMJ-								- 340		
Touring											
Unit Letter M: 990 Feet From The 3047H Line and 330 Feet From The WEST Line											
OTT IN THE LOCAL COUNTY									County		
Section /2 Township	25	<u> </u>	Range	3/	<u>E</u>	virm,	реа				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)											
III. DESIGNATION OF TRAN	SPURIE	or Conden	mie	<u> </u>	Address (Giv	e address to wh	ich approved	copy of this f	orm is so be se	nt)	
Name of Aminosites stampers at a C						P.O. Box 2528 - Hobbs, NM 88241-2528					
Texas New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Contain and Cocoline Company					P.O. Box 1226 - Jal. NM 88252						
If well produces oil or liquids,	Unit	Sec.	1 mbr	1 vie	ls gas actuall		When		//-		
rive location of tanks.	m	12	25		YE.			8/21/	6/		
If this production is commingled with that i	from any of	er lease or p	ool, gi	ive comming!	ing order sum	xer:					
IV. COMPLETION DATA					New Well		Deepea	Plug Back	Same Res'v	Diff Res'v	
Delication	- (%)	Oil Well	ł	Gas Well	I LICH HELL	i wakowa I	1		İ	i l	
Designate Type of Completion	Deta Com	ni Ready to	Prod.		Total Depth	I		P.B.T.D.	<u></u>		
Date Spudded	Date Com	Date Compi. Ready to Prod.									
Elevations (DF, RKB, KT, GR, esc.)	Name of P	roducing Fo	matio	8	Top Oil/Gas Pay			Tubing Depth			
Elevanous (DF, KAB, KI, OK, MC.)							Depth Casing Shoe				
Perforations			Depui Casia	g 200s							
						VO RECOR	<u> </u>	<u> </u>			
	TUBING, CASING AND				CEMENTI	DEPTH SET	<u> </u>	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET						
	ļ										
	 										
V. TEST DATA AND REQUES	TFOR	LLOWA	BLE	:	1						
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ecovery of W	otal volume	of load	oil and must	be equal to or	exceed top allo	mable for this	depth or be	for full 24 hour	3.)	
Date First New Oil Run To Tank	Date of Te				Producing M	ethod (Flow, pu	mp, gas igi, e	1C.)		İ	
	Tubing Pressure				C. i.e. Dans			Choke Size	Choke Size		
Length of Test					Casing Pressure						
				Water - Bbis.			Gas- MCF				
Actual Prod. During Test	Oil - Bbis.										
	L				L						
GAS WELL					Bbls. Conden	mic/MMCF		Gravity of C	codensate	7	
Actual Prod. Test - MCF/D	Length of Test				Both Colored						
	Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Imping Liesante (www.m.)										
	4 mmc OT	- COM	TIA	NCE				4 TION		. .	
VL OPERATOR CERTIFIC	ALLO	COMP	LLA Lla	NCL		DIL CON	ISERV	MON	DIAIDIC	VIN .	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					11			140	- 7 -000		
Division have been complied with and true are installed by the best of my knowledge and belief.						Approve	d				
			•								
James. Cashan					Rv	RV CORRESPONDE TO THE VIEW BY JUNEY SEXTON					
By MAN BY JUNEY SEXTON Somes D. Coghurn - Operations Coordinator The Secretary Sextons Sextons Secretary Sextons Sexton											
James D. Coghurn - O	peration	ns_Coo	rdi: Tale	nator_	Title						
Printed Name		(505)	391-		11110						
Date 1_ /_ 93			phone		<u> </u>						

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.