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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAB	LE AND A	UTHORIZ	ATION S				_	
l.	10 THA	NSPORT OIL	AND NAI	ND NATURAL GAS Well API No.					]	
ARCO Oil and Gas				30-025-22061					-	
Address P. O. Box 171	0, Hobbs, N	M 88240								
			X Othe	t (Please explai	n) Chang	e Lease	Name		1	
Reason(s) for Filing (Check proper box)  Change in Transporter of:				Previous name Eaton			2M			
New Well  Recompletion	oii 🗆	Dry Gas	Eff	fective	3/1	4/90				
Change in Operator X	Casinghead Gas	Condensate						1 m32	2020. 7	
If change of operator give name and address of previous operator	ohn H. Hend	lrix Corp.	, 223 1	N. Wall	, Suite	e 525,	Midlan	id, TX	<u> </u>	
II. DESCRIPTION OF WELL	AND LEASE	ng Formation		Kind of	Lease State Lease No.			٦.		
Lease Name  Eaton SW JH	i _	Justis		rinkard	State, F	ederal or Fee	NMJ-		4	
Eaton SW JH					0	•	West	<b>.</b>		
Unit Letter M	_ :990	Feet From The	South	and33	<u>U</u> Fee	t From The _	невс			
Section 12 Townsh	ip 25S	Range 37	E , N	ирм,	Lea			County	J	
III. DESIGNATION OF TRAP	NSPORTER OF O	IL AND NATU	RAL GAS	e address to wh	ich approved	copy of this f	orm is to be ser	u)	٦	
Name of Authorized Transporter of Oil	X or Comoe	isate	B O	Boy 252	8. Hob	bs. NM	88240	<u> </u>	_	
Texas-New Mex Name of Authorized Transporter of Casin	nghead Gas X	or Dry Gas	Address (Giv	e address to wh	ich approved	copy of this f	orm is to be ser	nt) .		
El Paso Natur	cal Gas Com	pany	P. O.	Box 149	2, El When	Paso,	TX 799	9/8	-	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	ls gas actually Yes		Auen	<sup>'</sup> 8/21	/67			
give location of tanks.  If this production is commingled with that	M 12	1230			DHC-3					
If this production is commingled with this  IV. COMPLETION DATA	l Hom any outer rease or	poor, gree comments			·····································	·	Ta	D'OF Backs	٦	
	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	1 - (X) Date Compl. Ready to	o Prod	Total Depth	l		P.B.T.D.	J		7	
Date Spudded	Date Compt. Ready i	5 1 loa	,						_	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe			
	TURING	, CASING AND	CEMENTI	NG RECOR	D				_	
HOLE SIZE	CASING & T	DEPTH SET			SACKS CEMENT			-		
						<del> </del>				
			<del> </del>						ال	
V. TEST DATA AND REQUE	EST FOR ALLOW	ABLE			11. C 4L.	ما بند باستاد .	for full 24 hour	1		
OIL WELL (Test must be after	recovery of total volume	e of load oil and mus	be equal to of	exceed top allowing the lethod (Flow, project)	owabie jor ini ump. zas lift. e	uc.)	jor jun 24 now		٦	
Date First New Oil Run To Tank	Date of Test		Floodenig iv	icana (i iowi y					i	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
T-4	Oil - Bbls.	O'I Phi			Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Boil.		<u></u>			<u> </u>			_}	
GAS WELL				X H 125		Gravity of	Condensate		7	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate					
	Tubing Pressure (Sh	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			7	
Testing Method (pitot, back pr.)	Tuesday .					<u>l</u>			_].	
VI. OPERATOR CERTIFI	CATE OF COM	PLIANCE			NSFRV	ATION	DIVISIO	N		
14tu continuites the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION MAR 2 6 1990						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved					_		
Is the and condition of the control of the	· · ·		Dali	o whhiose	, <u> </u>					
Janal Glan				By Orig. Signe 31						
James Cogburn Admins. Superviso				II Paul All A						
Printed Name		Title	Title	·		(COLOR)	<del></del>		<del>-</del>	
3/23/90	(50	5) 392–355 elephone No.	<b>^{</b>							
Date										

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.

RECEIVED

MAR 23 1990

OCD HOBBS OFFICE