Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

DISTRICT # P.O. Drawer DD, Artesia, NM 84210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

_	T	O TRANS	SPORT OIL	AND NA	I UHAL G	45				
TO TRANSPORT OIL AND NATURAL GAS							Well API No. 30-025-22/29			
ARCO Oil and Gas Company							30-	023- 22	129	
Address		Vond	982/1-	1710						
P.O. Box 1710 - Ho Reason(s) for Filing (Check proper box)	obbs, Ne	W MEXIC	0 00241	X Out	er (Please expli	نانع) Chan	ge Well	Name Fro	m	
New Well	Change in Transporter of:						EATON SW JH #9			
Recompletion	Oil Dry Gas Casinghead Gas Coodensate						Effective: 1-1-93			
Change in Operator	Casinghead	Gas Co	DOCUME			EITE	LLYCA		<u> </u>	
f change of operator give name and address of previous operator										
I. DESCRIPTION OF WELL	AND LEAS	SE				1 40. 1				
Lease Name	Mell Mor Local Letter treatment and a comment					Sine)	Kind of Lease Lease No.  State, Federal or Fee No.  NM J - 540		ease No.	
South Justis Unit "E	"	13 J	ıstis Blir	nebry Tu	ibb Drink	aru		INNIU	- 770	
Location Unit Letter	221	0 -	. E The . 50	OUTH Tim	and 33	0 Fo	at From The	WEST	Line	
Unit Letter	: 7 3/6	Fe	M Prom The	711.						
Section 12 Township	25S	Ra	nge 371	E .N	MPM,	Lea			County	
			4 N 772 N 1 A 1771 III	AT CAR						
III. DESIGNATION OF TRANS	SPORTER	or Condensate	AND NATUR	Address (Giv	e address to wi	hick approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Oil	נצו		L	P.O. I	30x 2528	- Hobbs	NM 8	8241-25	28	
					Address (Give address to which approved copy of this form is to be sent)					
Sid Richardson Garbon	Ison Carbon and Gasoline Company				lox 1226	- Jal, When	M 88252			
If well produces oil or liquids,	Unit   Sec.   1 WP   NE			is gas actually connected? W			8/21/67			
give location of tanks.	m		5 37				01.77	<u> </u>		
f this production is commingled with that f	rom any other	r sease or poo	i, give consump							
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res V	Diff Res'v	
Designate Type of Completion -	· (X)	i	<u>i</u>	B - 1 B - 4	<u></u>	<u>l</u> j	10000	<u> </u>	1	
Date Spudded	Date Compl	Ready to Pro	xt.	Total Depth			P.B.T.D.			
		ducing Forms		Top Oil/Gas	Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	A,VG									
Perforations								Depth Casing Shoe		
							<u> </u>			
				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CAS	ING & TUBI	NG SIZE	DEFIN SET						
	<u> </u>									
	<del> </del>									
							<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE			ounble for this	depth or be t	for full 24 hour	ra.)	
OIL WELL (Test must be after re	Date of Tes	al volume of t	nna nu ana mwi	Producing M	ethod (Flow, pa	emp, gas lift, e	<i>u.</i> )			
Date First New Oil Rua To Tank	1									
	Tubing Pres	BURE		Casing Pressure			Choke Size			
Length of Test	Tuoing : Teest						Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bols.			00			
	<u> </u>						i			
GAS WELL				IBLIA Carde	ente/MMCF		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of T	ool		Bbls. Condensate/MMCF						
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
										AN ODED ATOP CEPTIFIC
VL OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				<u> </u>	OIL CONSERVATION DIVISION				,,,	
Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.				Date ApprovedJAN - 7 1993						
is true and complete to the best of my	monteage m	g ocua.		Date	s Approve	Ю				
1- 10 Cal-					B ORIGINAL CIRCLES BY ICEBY CEYTON					
Signature .					By ORIGINAL SIGNED BY JERRY SEXTON  POSTERIOR I SUPERVISOR					
James D. Coghurn - O	eratio	ns Coor	linator	<b></b>						
Printed Name		11 25 (505)		Title	REC	APD (	ONIY	MA.	Y 25 199	
Date 1-1-9.3			one No.	POF	KEC	ンベレ	<u> </u>	TIA	1 60 133.	

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.