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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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

Form C-104 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 874	10 BEO	HEST FO		VABLE ANI	D ALITUOI	717AT10					
L_	TIEG			OIL AND N			'n				
Operator							Well API No.				
ARCO 011 and Gas Company					·	30-025- 22 26 2					
P.O. Box 1710 -	- Hobbs.	New Mex	rico 882	241-1710							
Reason(s) for Filing (Check proper box	E)			X O	ther (Please ex	plain) Ch	ange Wel	Name 1	From		
New Well Recompletion	0"		Transporter of:				nange Well Name From  RLSON B25 #6				
Change in Operator	Oil Casinghes	ul Gas 🔲	Dry Gas	¬							
I change of operator give name		- CI	COLUMN (	<u> </u>	·	Ef	fective:	1-1-	93		
and address of previous operator				<del></del>	<del></del>		<del></del>	·			
L DESCRIPTION OF WELL Lease Name	L AND LE		Pool Name Inc	luding Formation		1	<del></del>				
South Justis Unit "	# "			linebry T		kard Su	d of Lease	<b>x</b>	Lease No.		
Location								160	032579		
Unit Letter	: <i>33</i>	0 1	ect From The	304TH Li	nc and	10	Feet From The	I=AS	ア Lin		
Section 25 Township 25S Range 37E					NMPM, Lea County						
						Le	<u>a</u>		County		
I. DESIGNATION OF TRA issue of Authorized Transporter of Oil		R OF OIL	AND NAT	URAL GAS							
					Address (Give address to which approved copy of this form is to be sent)						
ame of Authorized Transporter of Casi	P.O. Box 2528 - Hobbs, NM 88241-2528  Address (Give address to which approved copy of this form is to be sent)					528					
Sid Richardson Carbon and Gasoline Company					30x 1226	- Jal	NM 88252				
well produces oil or liquids, Unit Soc. Twp. Rgc. Is gas: 8 location of tanks.					is gas actually connected? When ?						
fais production is commingled with the							UNKA	own			
. COMPLETION DATA		<i></i>	·····				<del>-</del>				
Designate Type of Completion	ı - (X)	Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
te Spudded	Date Compl.	Ready to Pro	<b>J</b>	Total Depth			P.B.T.D.				
untions (DE DED DE CO											
vations (DF, RKB, RT, GR, etc.)	Name of Proc	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
forations						Depth Casing Shoe					
		<del></del>									
HOLE SIZE	TUBING, CASING AND						Y				
TIOLE OILE	E SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
W			· · · · · · · · · · · · · · · · · · ·								
TEST DATA AND REQUES	T FOR AL	LOWABL	Æ				<u> </u>				
WELL (Test must be after re	ecovery of total	volume of loc	ed oil and must	be equal to or ex	ceed top allows	ble for this	depth or be for	full 24 hours	J		
: run tem On Kun 10 Jank	Date of Test			Producing Meth	od (Flow, pump	, gas lift, esc	1		<del></del>		
pth of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			Choke Size			
al Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
S WELL	···	<del></del>			<del></del>						
I Prod. Test - MCF/D   Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
				WATER			Salvay or Contraints				
g Method (pitot, back pr.)	Tubing Pressure	ubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
OPERATOR CERTIFICA	TE OF C	NATION IA	NCE	ſ							
ereby certify that the rules and regular	ions of the Oil C	Conservation	1	OIL	_ CONSI	ERVA	TION DI	VISION	l		
vision have been complied with and that the information given above true and complete to the best of my knowledge and belief.											
/ which we will be the control of th				Date A	pproved_	<u> </u>	1 - 7 lon	<u> </u>			
famul.	ask			l e e	SciNAL + #	John Brass	** 75.145 S		_		
mes D. Coghurn - Ofe		By ASSINAL ASSISS BY JERRY SEXTON									
		Title	11								
<u>/-1-93</u>	(50	5) 391-	1600	I 1110		·····		<del></del>			

NSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Separate Form C-104 must be filed for each pool in multiply completed wells.