

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator ARCO OIL & GAS COMPANY		Well API No. 30 025 23838
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240		
☒ Other (Please explain)		
Reason(s) for Filing (Check proper box)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐	Condensate ☐
ADD TRANSPORTER (GAS)		

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name SOUTH JUSTIS UNIT "G"	Well No. 14	Pool Name, Including Formation JUSTIS BLINERRY TURB DRINKARD	Kind of Lease State, Federal or <u>Fee</u>	Lease No. FPT
Location Unit Letter 0 : 430 Feet From The SOUTH Line and 2310 Feet From The EAST Line Section 12 Township 25 S Range 37 E , NMPM LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ TEXAS NEW MEXICO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P O BOX 2528 HOBBS, NEW MEXICO 88241	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ SID RICHARDSON CARBON & GASOLINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1226 Jal, N.M. 88252	
TEXACO EXPLORATION & PRODUCTION	P. O. Box 3000 Tulsa, Ok. 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twsp.	Rge.
	Is gas actually connected? Yes When ?	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature *James Cogburn*
JAMES COGBURN OPERATIONS COORDINATOR
Printed Name Title
Date 6/21/93 (505) 391-1621
Telephone No.

OIL CONSERVATION DIVISION
JUL 19 1993

Date Approved _____
By ORIGINALLY SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

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.