Submit 5 Copies 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 anta Fe. New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210	P.O. Bo Santa Fe, New Mo	xico 87504-2088			•• ,	•
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DECUEST FOR ALLOWAR	LE AND AUTHORIZA	TION			
I	TO TRANSPORT OIL	AND NATURAL GAS	Well A	1 Na	-0-0	
Operator			30	0-025-2	13838	
ARCO OIL AND GAS COMPA	ANY					
BOX 1710, HOBBS, NEW 1	MEXICO 88240	Other (Please explain)				
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:			. 1.101		
Recompletion	Oil Dry Gas	EFFECTIVE: -	4/ 1/90	- (////9/		}
Change in Operator	Casinghead Gas 🔀 Condensate					
If change of operator give name and address of previous operator						
II. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Include	no Formation	Kind of	Lease	Lease No	a
Lasca Name	HELLING TOOK . THE	Blinebry	State, F	oderal of Fee		
Eaton SEUIT		Tank Bulletin	.	From The EC1	57	Line
Unit Letter	: 430 Feet From The	with Line and 2310				
Section 12 Township	, 255 Range 37E	, NMPM,	Lea	<u> </u>		unty
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS		of this form is t	o he sent)	
Name of Authorized Transporter of Oil		Address (Give address to which P.O. Bax 252	approved (hhs Nm 8	7 240	
TOUGE NOW MEXICO	phead Gas (X) or Dry Gas [Address (Give address to which	approved	copy of this form is t	o be sent)	
Name of Authorized Transporter of Caring	ghead Gas [25] or Diff Cas	P. O. Box 1226, 3	Jal, N	4 88252		
Sid Richardson Carbon & Well produces oil or liquids,		Is gas actually connected?	When	1 2/14/74		
l se se se and to also	↑ 1 12 1255 137 =	<u>yes</u>		4/1//		
If this production is commingled with that	from any other lease or pool, give comming	ling order multipes:				
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepea	Plug Back Same	Res'v Diff	Res'v
Designate Type of Completion	- (X) ··	Total Depth		P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.					
Elevations (DF, RKB, RT, GR, etc.)	KB. RT. GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Elevations (21,102,102)				Depth Casing Shoe	:	
Perforations				<u> </u>		
	TUBING, CASING AND	CEMENTING RECORD DEPTH SET		SACKS	SCEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				
	TOP ALL OWARD F			1		
V. TEST DATA AND REQUE	ST FOR ALLOWABLE recovery of total volume of load oil and mu	si be equal to or exceed top allow	able for thi	s depth or be for full	24 hours.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pury	p, gas lyt, i	uc.)		
Date First few on the		Casing Pressure		Choke Size		
Length of Test	Tubing Pressure			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		OZ MCI		
GAS WELL		Bbls. Condensate/MMCF		Gravity of Conde	assie	
Actual Prod. Test - MCF/D	Length of Test			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choice Size		
	OF COVER IANCE	211 2211	050/	ATION DIV	/ISION	
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE	OIL CON	SERV	'ATION DI\	/131014	
I hereby certify that the rules and reg Division have been complied with an						
is true and complete to the best of m	y knowledge and belief.	Date Approved	}			
1 and Cylin		Du -	By			
Signature Cooking Ad						
ames D. Cogdain, Ac	lministrative Supervisor	Title				
Printed Name ++27/90 11/5/91	392-3551 Telephone No.	.				
Date	Telephone No.			تكالم المستوي	تاسينيي	

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