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

Well API No.

OIL CONSERVATION DIVISION

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

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

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

Operator

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	AIN I								928		
ARCO OIL AND GAS COMPA											
BOX 1710, HOBBS, NEW 1	MEXICO	88240)		7	a (Please expla	rie)				
son(s) for Filing (Check proper box)		Change in	Transace	ter of:		a (r teose explo	 /				
w Well	Oil		Dry Gas		EF	FECTIVE:	4/28/9	92			
ompletion	Casinghead		Condens	_							
anse of operator give name					. BOX 11	50, MIDL	AND, TX	79702			
address of previous operator CHE	VRON U.	U.A.,	11101	, 1. 0			1 1	0 -			
DESCRIPTION OF WELL	AND LEA	SE				-9745	11/1/	92		ase No.	
se Name		Well No.	Pool Na	me, Includi	ng Formation	11 6 .	1	of Lease Federal or Fee	_	arse LAO	
EARCY MCBUFFINGTON	1	15	JUST	ris BL	INEBRY LA	an Drin	rara :		FEE		
ration	2	210		(OUTH Line	1993	}· E.	et From The	WEST	Line	
Unit LetterK	.:	310	Feet Pro	om The	JOUTH LINE	and	10	or Hom the -	"		
Section 13 Township	25	S	Range	37	E,N	лРМ,		LEA		County	
DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	D NATU	RAL GAS	e address to wi	hick approved	copy of this fo	orm is to be se	nt)	
ne of Authorized Transporter of Oil	XX	or Conden	sate		1	BOX 2528					
EXAS NEW MEXICO PIPEL		(XX)	or Dry	Gas 🗍	Address (Give	e address to w	hick approved	copy of this fo	orm is to be se	rt)	
ne of Authorized Transporter of Casing D RICHARDSON CARBON					1	BOX 1226					
rell produces oil or liquids,	Unit Sec. Twp.			Rge.	Is gas actually connected? YES			Whea ? UNKNOWN			
location of tanks.				<u> </u>							
is production is commingled with that	rom any oth	er lease or	pool, giv	e comming	ing order numb	xer:					
COMPLETION DATA		[0" P' =		as Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	1 6	WE MEII	I MEM METI	" (12010)	July]	i	
e Spudded		pl. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.			
e spaces							<u> </u>	ļ			
I IDD DVD DT CD	Name of Producing Formation						Top Oil/Gas Pay		Tubing Depth		
vations (DF, KKB, KI, GK, etc.)	Name of P	roducing Fo	ormation		Top Oil/Gas	Pay		Tuoing Dep	ua.		
vations (DF, KKB, KI, GK, &c.)	Name of P	roducing Fo	ormation		Top Oil/Gas	Pay		•			
	Name of P	roducing Fo	omation		Top Oil/Gas	Pay		Depth Casin			
]			NG AND			ND	•			
forations	1	TUBING,	CASII	NG AND	Top Oil/Gas		ND .	Depth Casin		ENT	
	1		CASII	NG AND		NG RECOR	ND .	Depth Casin	g Shoe	ENT	
forations	1	TUBING,	CASII	NG AND		NG RECOR	ND .	Depth Casin	g Shoe	ENT	
forations	1	TUBING,	CASII	NG AND SIZE		NG RECOR	RD	Depth Casin	g Shoe	ENT	
forations HOLE SIZE	T CA	TUBING, SING & TI	CASII UBING S	NG AND		NG RECOR	ND	Depth Casin	g Shoe	ENT	
HOLE SIZE	CA CA	TUBING, SING & TI	CASII UBING S	SIZE	CEMENTI	NG RECOR DEPTH SET		Depth Casin	SACKS CEM		
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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.