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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2058

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

REQUEST FOR ALLOWABLE AND AUTHORIZAT TO TRANSPORT OIL AND NATURAL GAS	ION
	Well /

Operator							Well	API No.			
ARCO OIL AND GAS COME	ANY						30-	-02 <u>5-</u> 25	469		
Address				· · · · · · · · · · · · · · · · · · ·							
P. O. BOX 1710, HOBBS	, NEW	MEX1CO	882	.40		(D)1:	1				
Reason(s) for Filing (Check proper box)						her (Please expla	(חוב		h di o s	1000	
New Well		Change i	•	(T)			n.mn.	٧.	A SET OF S	1004 1004	
Recompletion	Oil	_	Dry Ga		E	FFECTIVE	DATE:				
Change in Operator	Caringhe	ad Gas	Condet	mie _					.,	· · · · · · · · · · · · · · · · · · ·	
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LE	ASE								N	
Lease Name		Well No.	Pool N	ame, Includi	ing Formation	TEC CD CA		of Lease Federal of Fe	1 5 -	ease Na	
W. H. HARRISON D WN		6	JALI	1AT TAN	SILL IA	TES SR GA	3 ,		1111		
Location				_	0	1000		_	WEST		
Unit Letter N	_ :6	60	_ Feat Fr	om The _S	OUTH Lie	2 and1980	Fe	et From The	MESI	Line	
	2	<i>L</i> C	B	3	7E .N	MPM,	Ī	EA		County	
Section 29 Townshi	P	4S	Range		1/14						
III. DESIGNATION OF TRAN	SPORTE			D NATU	RAL GAS	we address to wh	ich annemud	come of this f	form is to be se	et)	
Name of Authorized Transporter of Oil		or Coade	nene		Vomen (O)	NE COLLUI COS ION HIN	men approna				
Name of Authorized Transporter of Casing	head Gas		or Dry	Cas X		ve address to wh				nt)	
Texaco Exp. and Prod.,						Box 3000.			102		
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	is gas actual	ly connected?	When	? 6/1/77			
rive location of tanks.	<u>i </u>		1	<u> </u>	YE			0/1///			
f this production is commingled with that	from any oti	er lease or	pool, giv	e comming!	ing order num	ber:					
V. COMPLETION DATA						_,	D	Di D1-	Same Res'v	Diff Res'v	
Designate Type of Completion	- 00	Oil Wel	1 (Gas Well	New Well	Workover	Deepea .	i Ling Brick	Same Kes v	Dill KESY	
Date Spudded	Date Com	ol. Ready t	o Prod.		Total Depth	<u> </u>	L	P.B.T.D.	•		
Date Special		,			•						
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
								Depth Casing Shoe			
Perforations								Depui Casia	ig Srice		
					CTL CTL TTT	NC DECOR	<u> </u>	!			
					CEMENTI	NG RECOR	<u> </u>		SACKS CEM	ENT	
HOLE SIZE	CA	SING & T	UBING S	SIZE		DEPTH SET			340113 021111		
					: !						
. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		<u> </u>						
OIL WELL (Test must be after re	covers of so	sai volume	of load o	and must	be equal to or	exceed top allo	nwable for this	depth or be	for full 24 hou	73.)	
Date First New Oil Run To Tank	Date of Te				Producing M	ethod (Flow, pu	mp, gas lýt. e	sc.)			
Length of Test	Tubing Pre	surt			Casing Press	nte		Choke Size			
								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	et - Borr					
								<u> </u>			
GAS WELL				· · · · · · ·		A B 1/75		Gavity of	Condencate		
Actual Prod. Test - MCF/D Length of Test			Bbis. Conde	INIE/MMCF		Gravity of Condensate					
stine Method (pitat, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
esting Method (pitot, back pr.)	lubing Pre	saure (Shu	L-ID)		Cashing Field	uit (wille III)					
	. == ==		· · · · ·		 			<u> </u>			
I. OPERATOR CERTIFICA				CE	(OIL CON	SERV	MOITA	DIVISIO	N	
I hereby certify that the rules and regula	tions of the	Oil Conser	Valion								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JAN 14'92						
in the and compace as are over or my a		. .			Date	Approved	J		 		
2 01.1					_	et jan		t de me e			
Signature Ciffe.					∥ By_				· · · · · · · · · · · · · · · · · · ·		
James D. Cogburn, Ope	eration	s Coo		tor							
Printed Name JAN 0	392	21	Title 02-16	00	Title				· · · · · · · · · · · · · · · · · · ·	···	
Date			92–16 phone N								
Series .			L	-	!!					and the same	

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

and the same

- 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.