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

O. Drawer DD, Artesia, NM 88210	Santa Fe, New N	30x 2088 Mexico 87504-2088	•
ISTRICT III DOO Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWA	II AND NATURAL GAS	
	10 1121101 0111 0		Well API No.
perator ARCO OIL AND GAS COMP	ANY		30-025-25469
ARCO UIL AND GAS COIN			
BOX 1710, HOBBS, NEW	MEXICO 88240	Other (Please explain)	
rason(s) for Filing (Check proper box)			
ew Well	Change in Transporter of: Dry Gas		11191
ecompletion \Box	Oil Dry Gas Casinghead Gas Condensate	EFFECTIVE: 42	11/90 11/19/ .
change in Operator L			
d address of previous operator			
L DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Inch	dies Formation	Kind of Lease No.
case Name	Han the John Spanner	Tan-4ts	State, Pederal on Fee
W. H. Horrison D			1.10%
ocation	. 660 Feet From The	50 W Line and _1980	Feet From TheLine
Unit Letter			
Section 29 Townshi	ip 245 Range 3	7 E, NMPM, L	ea County
		amat CAS	
II. DESIGNATION OF TRAN	NSPORTER OF OIL AND NAT	Address (Give address to which a	pproved copy of this form is to be sent)
Name of Authorized Transporter of Oil			
Towns of Carin	others Gas or Dry Gas 🔀	Address (Give address to which a	pproved copy of this form is to be sent)
Name of Authorized Transporter of Casin Sid Richardson Carbon	g	P. O. Box 1226, Ja	1, NM 88252
Sid Richardson Carbon I well produces oil or liquids,	Unit Sec. Twp. R	ge. Is gas actually connected?	When?
	<u>i </u>		
this production is commingled with that	from any other lease or pool, give commi	ingling order number.	
V. COMPLETION DATA	Oil Well Gas Well	Die men Medicine	eepen Plug Back Same Res'v Diff Res'v
Designate Type of Completion	ION WAR I	i <u>i</u>	
	Date Compt. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Our Gas 7 ay	Twing orpa
			Depth Casing Shoe
Perforations			
	TUBING, CASING AT	ID CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
			·
The state of the s	CST FOR ALLOWABLE		
V. TEST DATA AND REQUI	EST FOR ALLOWABLE r recovery of total volume of load oil and t	nust be equal to or exceed top allowab	le for this 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, pump,	gas sys, enc.y
Date I have on the		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Casing 1 icession	
		Water - Bbla.	Gas- MCF
Actual Prod. During Test	Oil - Bbls.		
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Lengue at 1		Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Close Sus
VL OPERATOR CERTIF	ICATE OF COMPLIANCE	OIL CONS	ERVATION DIVISION
بعد ادمم مدانس باهم در امر امر ا	miletions of the UIL COLLECT VALVE		7 1091
me to the form been complied with a	IN THE TIP THE	Date Approved	
is true and complete to the best of n	ny anominate and octor.	Date Apployed	
1.00		_ No. 141CHA	SARAD RY JERRY SERVIN
Signature	400	_ By	SOLVER SOLVER SECTION CONTROL SOLVER
James D. Cogburn, A	dministrative Superviso	37 II	
	392-3551	I III B	

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

Telephone No.

- 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.

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