Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instruction

DISTRICT # P.O. Drawer DD, Assesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openior 10 Track of Office Only							Well	API No.	······		
ARCO OIL & GAS COMPANY						30 025 <i>25537</i>					
Address P. O. BOX 1710	HOBBS,	NEW	MEX	ICO	88240						
Reason(s) for Filing (Check proper box)	Cher (Please explain)										
New Well	C	hange in	-		ADD TRANSPORTER (GAS)						
Recompletion						ADD TRANSFORTER (GRS)					
Change is Operator	Casinghead (GM []	Conce	2816							
If change of operator give same and address of previous operator						· <u>· · · · · · · · · · · · · · · · · · </u>		····			
IL DESCRIPTION OF WELL AND LEASE					To Females			Kind of Lease		Lesse No.	
Lease Name SOUTH JUSTIS UNIT					INERRY THER DRINKAR			State, Pederal on Fee		A THE	
Location)			10471				1.11557	, <u>.</u> .	
Unit Letter					ORTH Line and 1490			Feet From The WEST Line			
Section 24 Townsh	ip 25 S	; 	Range	37	E N	ГРМ ,	L	EA	·····	County	
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		r Conden			Address (Giw	e address to wi	hich approved	copy of this f	orm is to be se	*)	
TEXAS NEW MEXICO PIPELINE COMPANY					P O BOX 2528 HOBBS, NEW MEXICO 88241						
Name of Authorized Transporter of Casin			or Dry Cas		P. U. BOX	ai, N.M	000 8 152 88252	orm is to be se	#)		
TEXACO EXPLORATION If well produces oil or liquids,	BDSON_CARBON_& GASOLINE CO. PLORATCANBON_BOOGLETIONE CO. Lide. Unit Sec. Twp. Re			Rge				sa, Ok. 74102 When ?			
give location of traks.		- 1104 1 70-			Yes		**************************************				
If this production is commingled with that	from any other	lease or p	ool, gi	ve comming	ing order numb	er:					
IV. COMPLETION DATA							γ		γ		
Designate Type of Completion		Oil Well	(Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to				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			
	777 7	DDIC.	CACT	NC AND	CENTENTIA	IC PECOP	<u> </u>	<u>!</u>			
					CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TOBING SIZE										
		······									
V. TEST DATA AND REQUES	ST FOR AL	LOWA	BLE		<u></u>			ı	 		
OIL WELL (Test must be after t	recovery of total	volume o	f load	oil and must	be equal to or	exceed top allo	mable for this	depth or be f	or full 24 hour	7.)	
Date First New Oil Rua To Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressu	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1				<u></u>			<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Feeling Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-ia)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
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.					. 1.9 1993						
and any companies to the over it my allowange and order.						Date Approved					
- Jan Cylin					ORIGINAL SIGNED BY JERRY SEXTON ByDISTRICT I SUPERVISOR						
JAMES COGBURN Printed Name	OPERATIO		OORD	<u>INATO</u> R			KIGT T 301	EKA120K	- 1844		
G /21/93	(505) 39	91-162	•	<u> </u>	Title_						
				- - ∣	11						

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Market Charles

Carte TERM - Comment