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DISTRIBUTIO)N	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		

REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	-			
TRANSPORTER OIL	-			
OPERATOR GAS	-			
PROBATION OFFICE	-			
Operator ARCO Oil and Ga	as Company			
Division of Atlantic	Richfield Company			
P. O. Box 1710, Hobbs				
Reason(s) for filing (Check proper bos		Other (Please explain)		
New Well	Change in Transporter of: Oil Dry Ga		testing allowable of	
Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden		n of July 1905	
of change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	Well No.: Pool Name, Including Fo	ormation / Kind of Lease		
Wimberly WN	11 Justis Fusselm	i 10 1	25000 1101	
Location Unit Letter C : 990) First From The North Lin	e and 1490 Feet From 1	_{be} West	
		037		
Line of Section 24 To	ownship 25S Range	37E , NMPM, Le	a County	
	RTER OF OIL AND NATURAL GA		ad annual alia farra in an Innual	
Name of Authorized Transporter of Or Texas New Mexico Pipel		Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, N.M.		
Name of Authorized Transporter of Co				
El Paso Natural Gas Co		Box 1384 , Jal, N.M.		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 24 25 37	Is gas actually connected? Whe	n 7/23/85	
	with that from any other lease or pool,	*************************************	PC 263	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi				
Date Spudded	Date Compl. Ready to Prod.	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	
	TUBING CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST F	FOR ALLOWARIE. (Test must be as	ter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
OIL WELL	able for this de	pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	TION COMMISSION	
	APPROVED JUL 2 9 1985			
Commission have been complied	sion have been complied with and that the information given ORIGINAL SECURE BY STATIOM		JEG BY TERM TERTOM	
EDDAG 18 fide sum combiere to m	to best of my mountage and some	District State of Sta		
<u> </u>		TITLE		
M. & Shark	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
(Sign	ingstre)	well, this form must be accompanied by a tabulation of the deviation		
Engrg Tech Spec. All sections of this form must be filled out completely for allow				
(Title) able on new and recompleted wells.			ia.	
7/26/85 Fill out only Sections I. II. III, as well name or number, or transporter, or other		III, and VI for changes of owner, a or other such change of condition.		
,5		Separate Forms C-104 must	be filed for each pool in multiply	
	}	completed wells.		

JUL 26 1985