Statist Office       Energy, Minerals and Natural Resources Department       See Tax and the properties of the provided of th	5 1-1-39 tructions com of Page 3 6 7 Lease No. Line County Secul 7 6 0 3 4
DISTRICT II       OIL CONSERVATION DIVISION         P.O. Box 2088       P.O. Box 2088         Santa Fe, New Mexico 87504-2088       Santa Fe, New Mexico 87504-2088         DISTRICT II       P.O. Box 2088         DOIL CONSERVATION DIVISION       P.O. Box 2088         DOIL CONSERVATION DIVISION       P.O. Box 2088         DISTRICT II       REQUEST FOR ALLOWABLE AND AUTHORIZATION         ICOD Rio Brazes Rd., Aziec, NM \$7410       REQUEST FOR ALLOWABLE AND AUTHORIZATION         ICOD Rio Brazes Rd., Aziec, NM \$7410       REQUEST FOR ALLOWABLE AND AUTHORIZATION         ICOD Rio Brazes Rd. Aziec, NM \$7410       REQUEST FOR ALLOWABLE AND AUTHORIZATION         ICOD Rio Brazes Rd. Aziec, NM \$7410       REQUEST FOR ALLOWABLE AND AUTHORIZATION         ICOD Rio Robes, NEW MEXICO 88240       Outer (Please explain)         New Well       Charge in Transporter of:         New Well       Charge in Transporter of:         Recompletion       Oil       Dry Gas         Recompletion       Oil       Well Na         In DESCRIPTION OF WELL AND LEASE       Kind of Lease         Lease Name       Well Na       Pool Name, Including Formation         Law Name       March Charge 37E       NMPM, Lea         Unit Letter       K       198 0       Feet From The Soft         M	2 6 7 2 6 7 Lease No. Line County Servi) 7 6 0 2 4
30. Drawer DD, Artesia, NM \$210       Santa Fe, New Mexico \$7504-2088         DISTRICT III         ICOURS RA, Arace, NM \$7410         REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         Operator         ARCO OIL AND GAS COMPANY         Change is Transporter of:         Other (Please captain)         New Weil         Output of privices         Kind of Lease         Weil APINE         Weil APINE         Weil Construct give name         Weil Construct give name         Weil Construct give name         Weil No. Pool Name, Including Formation         Lease Name         Unit Letter<	Lesse Na Line County
REQUEST FOR ALLOWABLE AND AUTHORIZATION         INTERPOSE RALLOWABLE AND AUTHORIZATION         INTERPOSE RALLOWABLE AND AUTHORIZATION         INTERPOSE RALLOWABLE AND AUTHORIZATION         OPENDES         OPENDES         OPENDES         NOT RANSPORT OIL AND NATURAL GAS         OPENDES         OPENDES         OPENDES         OPENDES         OPENDES         OPENDES         OPENDES         NOT PARSPORT OIL AND NATURAL GAS         Kind of Lease         Not Peter Pont Tele         Kind of Lease         Not Peter Pont Tele         Well No. Pool Name, Including Formation         Kind of Lease         Not Peter Pont Tele         Well No. Pool Name, Including Formation         Not Peter Pont Tele         Well No. Pool Name, Including Formation         Name of Autonic Tean - Yts SR         Numer Autonic Tean - Yts SR         Numer Autonic Tean - Yts SR         Numer Autonic Tean - Yts SR	Lesse Na Line County
ARCO OIL AND GAS COMPANY $30-035-27$ ;         Address       BOX 1710, HOBBS, NEW MEXICO 88240       Other (Please explain)         Rescore(s) for Fuling (Check proper box)       Other (Please explain)         New Well       Other (Please explain)         Recompletion       Campe in Transporter of:         Recompletion       Other (Please explain)         Recompletion       Campe in Transporter of:         Recompletion       Other (Please explain)         Recompletion       Campe in Transporter of:         Recompletion       Other (Please explain)         Recompletion       Campe in Transporter of:         Recompletion       Well No.         Pool Name, Including Formation       State, Foderal of Free         Section       Matrix:         N. N.       Name of Authorized Transporter of OI         Name of Authorized Transporter of OI       or Condensate         P. O. BOX	Lesse Na Line County Serv) 76024
ARCO OIL AND GAS COMPANY         Address         BOX 1710, HOBBS, NEW MEXICO 88240         Reason(s) for Filing (Check proper box)         New Well       Change in Transporter of:         Recompletion       Oil       Dry Gas         Recompletion       Change in Transporter of:         Recompletion       Change in Transporter of:         Recompletion       Change of Operator give name         ad address of previous operator       Change of Operator give name         If change of Operator give name       Well Na         N. M. Nacroison D WN       7         Jalvn oct Tan - Yts SR       State, Poderal of Fee         Wait Letter       : 1950         Yest From The       Section         Matters       Gas Gas         Matters       : 1950         Feet From The       Section         Wait Letter       : 1950         Section       : 1950         In DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       or Coodennate         Name of Authorized Transporter of Change is or Dry Gas       Address (Give address to which approved copy of this form is to be at from Change in transporter of Change is or Dry Gas         Name of Authorized Transporter of Changeread Gas       or Dry Gas	Lesse Na Line County
Address       BOX 1710, HOBBS, NEW MEXICO       88240       Other (Please explain)         Resson(a) for Filing (Check proper box)       Change in Transporter of:       Other (Please explain)         New Well       Oil       Dry Gas       EFFECTIVE: $\frac{411/90}{11}$ 11/19/         Recompletion       Oil       Dry Gas       EFFECTIVE: $\frac{411/90}{11}$ 11/19/         Indage in Operator       Casinghead Gas       Condensus       EFFECTIVE: $\frac{411/90}{11}$ 11/19/         If change of operator give name and address of previous operator       Well Na       Pool Name, Including Formation         IL DESCRIPTION OF WELL AND LEASE       Well Na       Pool Name, Including Formation       State, Federal offee         Location       Well Na       Pool Name, Including Formation       State, Federal offee       Including Formation         Unit Letter       K       1980       Feet From The OWN       Pool Name, Including Formation       State, Federal offee         Unit Letter       K       1980       Feet From The OWN       Pool Name, Including Formation       State, Federal offee         II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Address (Give address to which approved copy of this form in to be a P. O. Bock 1358, Brecken cides, 7k         Name of Authorized Transporter of Oil       Or Oroldensite       P. O. Bock 1358, Brecken cides, 7k         Name of Au	County serv) 76024
BOX 1710, 100005, 1000       Change in Transporter of:         Reason(s) for Filing (Check proper box)       Change in Transporter of:         New Well       Oil       Dry Gas         Recompletion       Oil       Dry Gas         Recompletion       Oil       Dry Gas         Recompletion       Oil       Dry Gas         Recompletion       Casinghead Gas       Condensate         If change of operator       Casinghead Gas       Condensate         If change of operator give name and address of previous operator       Well No.       Pool Name, Including Formation         Kind of Lease       State, Federal office       I         I. DESCRIPTION OF WELL AND LEASE       Ion off Tan - Yts SR       State, Federal office         Well No.       Pool Name, Including Formation       State, Federal office       I         Location       Unit Letter       K::: 1950       Feet From The OWH       Line and 1980       Feet From The Weist         Section       29       Township       245       Range       37E       NMPM,       Lease         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Address (Give address to which approved copy of this form is to be a Power of Authorized Transporter of Oil       or Condensate       P. O. Box 1555       Breecken r. rdge, 7K	County serv) 76024
New Well       Oil       Dry Gas       EFFECTIVE: 4/1/90 11/17/         Change is Operator       Casinghead Gas       Condensate       EFFECTIVE: 4/1/90 11/17/         It change of operator give name and address of previous operator       And of Lease       Kind of Lease         IL DESCRIPTION OF WELL AND LEASE       Well No.       Pool Name, Including Formation       State, Federal of Fee       I         Lease Name       Name, Including Formation       State, Federal of Fee       I         Location       M. H.       Name of Som D WN       7       Jalmott Tan - Yts SR       State, Federal of Fee       I         Location       Init Letter       K       : 1980       Feet From The Outh Line and 1980       Feet From The Welst         Section       29       Township       245       Range       37E       NMPM, Lea         Mame of Authorized Transporter of Oil       Image or Condensate       Address (Give address to which approved copy of this form is to be a floor floor floor floor or Ory Gas       Address to which approved copy of this form is to be a floor flo	County serv) 76024
Change is Operator       Change of operator       Change of operator give name and address of previous operator         If change of operator give name and address of previous operator       Well No. Pool Name, Including Formation       Kind of Lease         IL DESCRIPTION OF WELL AND LEASE       Well No. Pool Name, Including Formation       State, Federal of See       I         Lease Name       Well No. Pool Name, Including Formation       State, Federal of See       I         Location       Well No. Pool Name, Including Formation       State, Federal of See       I         Location       Kind of Lease       State, Federal of See       I         Unit Letter       K       1980       Feet From The West       Vest         Section       29       Township       245       Range       37E       NMPM, Lease         II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be a first of Authorized Transporter of Oil       or Orby Gas Address (Give address to which approved copy of this form is to be a first of Authorized Transporter of Calinghead Gas       or Orby Gas Address (Give address to which approved copy of this form is to be a first of Authorized Transporter of Calinghead Gas       or Orby Gas Address (Give address to which approved copy of this form is to be a first of Authorized Transporter of Calinghead Gas       or Orby Gas Address (Give address to whic	County serv) 76024
and address of previous operator         II. DESCRIPTION OF WELL AND LEASE         Lease Name         Well No.       Pool Name, Including Formation         N.H.       Harrison D WN         Jalmot Tan-Yts SR       Sale, Federal of Fee         Location       Image         Unit Letter       K         Section       29         Township       245         Range       37E         NMPM       Lease         Section       29         Township       245         Range       37E         Name of Authorized Transporter of Oil       or Condensate         Name of Authorized Transporter of Oil       or Only Cas         Name of Authorized Transporter of Calinghead Gas       or Dry Cas         Stid Richardson Carbon & Gasoline Co.       P. O. Box 1226, Jal, NM 88252         If well produces oil or liquida,       Unit       Sec.         If well produces oil or liquida,       Unit       Sec.         If well produces oil or states       Mage 29       245         Jaly       37E       Jes         Jaly       37E       Jes         Jaly       Address (Give address to which approved copy of this form is to be and these to which approved copy of this form is to b	County serv) 76024
II. DESCRIPTION OF WELL AND LEASE       Well Na       Pool Name, Including Formation       Kind of Lease         Lease Name       Well Na       Pool Name, Including Formation       State, Foderal of Fee       Including Formation         Location       N. N. Name       Name, Including Formation       State, Foderal of Fee       Including Formation         Unit Letter       K       : 1980       Feet From The OWN       Feet From The OWN       Feet From The West         Section       29       Township       245       Range       37E       NMPM,       Lease         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be at 1.0.0 MATHER OF DIY Gas         Name of Authorized Transporter of Calinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be at 1.0.0 MATHER OF DIY Gas         Sid Richardson Carbon & Gasoline Co.       P. O. Box 1226, Jal, NM 88252         If well produces of or liquids,       Unit       Sec.       Twp.       Rge       Is gas actually connected?       When ?         If well produces of or liquids,       Unit       Sec.       Twp.       Rge       Is gas actually connected?       Mrea ?         If well produces of or liquids,       Unit	County serv) 76024
Lease Name       Well No.       Pod Name, Including order Tan - Yts SR       State, Federal of Fee         Int Letter       K       : 1980       Feet From The South Line and 1980       Feet From The West         Section       29       Township       245       Range       37E       NMPM,       Lease         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be a pro	County serv) 76024
Location       K       : 1980       Feet From The South Line and 1980       Feet From The West         Section       29       Township       245       Range       37E       NMPM,       Lea         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be a         Name of Authorized Transporter of Oil       or Condensate       P.O. BOX 1558, Brecken Cidge, TK         Koch Oil       Company       Address (Give address to which approved copy of this form is to be a         Name of Authorized Transporter of Calinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be a         Name of Authorized Transporter of Calinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be a         Name of Authorized Transporter of Calinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be a         Name of Authorized Transporter of Calinghead Gas       or Dry Gas       P. O. Box 1226, Jal, NM 88252         Sid Richardson Carbon & Gasoline Co.       P. O. Box 1226, Jal, NM 88252       7/23/82         If well produces of or tiquids, M 29 245 37E       Yes       7/23/82         If this production is commingled with that from any other lease or pool, give commingling order numbe	County serv) 76024
Section       29       Township       245       Range       37E       NMPM       Lea         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authonized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be s         Name of Authonized Transporter of Oil       or Condensate       F.O. BOX 1558, Brecken Cicles, Tr         Koch Oil       Ompany       or Dry Gas       Address (Give address to which approved copy of this form is to be s         Name of Authonized Transporter of Cakinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be s         Name of Authonized Transporter of Cakinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be s         Name of Authonized Transporter of Cakinghead Gas       or Dry Gas       P.O. Box 1226, Jal, NM 88252         Sid Richardson Carbon & Gasoline Co.       P.O. Box 1226, Jal, NM 88252         If well produces of or liquids,       Unit       Sec.       Twp.       Rge       Is gas actually connected?       When ?         give location of tanks.       M       29       245       37E       Y CS       7/23/82         If this production is commingled with that from any other lease or pool, give commingling order number.       T/23/82       T/23/82       T/23/82 <td>County serv) 76024</td>	County serv) 76024
Section       Township       Q       Range       Z       Name         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be a         Name of Authorized Transporter of Oil       Image       or Condensate       Address (Give address to which approved copy of this form is to be a         Name of Authorized Transporter of Oil       Image       or Only Gas       Address (Give address to which approved copy of this form is to be a         Name of Authorized Transporter of Calinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be a         Name of Authorized Transporter of Calinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be a         Name of Authorized Transporter of Calinghead Gas       or Dry Gas       P. O. Box 1226, Ja1, NM 88252         Sid Richardson Carbon & Gasoline Co.       P. O. Box 1226, Ja1, NM 88252         If well produces oil or liquids,       Unit       Sec.       Twp.       Rge       Is gas actually connected?       When ?         If well produces oil or liquids,       M       29       245       37E       Y CS       7/23/82         If this production is commingled with that from any other lease or pool, give commingling order number.       Imanber. <t< td=""><td>um) 76024</td></t<>	um) 76024
Name of Authorized Transporter of OI $\square$ or Ony Gas $\square$ P.O. BOX 1558, Brecken (199, TK Koch Oil Company Name of Authorized Transporter of Cakinghead Gas $\square$ or Dry Gas $\square$ Address (Give address to which approved copy of this form is to be a Name of Authorized Transporter of Cakinghead Gas $\square$ or Dry Gas $\square$ Address (Give address to which approved copy of this form is to be a Sid Richardson Carbon & Gasoline Co. Sid Richardson Carbon & Gasoline Co. If well produces oil or liquide, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number.	76024
Name of Authonized Transporter of Oil $\square$ of Contract $\square$	76024
Name of Authonized Transporter of Calinghead Gas       or Dry Gas       P. O. Box 1226, Jal, NM 88252         Sid Richardson Carbon & Gasoline Co.       P. O. Box 1226, Jal, NM 88252         If well produces oil or liquids,       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         If well produces oil or liquids,       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         give location of tanks.       M       29       245       37E       U.C.S       7/23/82         If this production is commingled with that from any other lease or pool, give commingling order number.       If this production is commingled with that from any other lease or pool, give commingling order number.       If this production is commingled with that from any other lease or pool, give commingling order number.	
Sid Richardson Carbon & Gasoffice Color       Res       Is gas actually connected?       When ?         If well produces of or liquids,       Unit       Sec.       Twp.       Rge       Is gas actually connected?       When ?         give location of tanks.       M       29       245       37E       9.25       7/23/82         If this production is commingled with that from any other lease or pool, give commingling order number.       If this production is commingled with that from any other lease or pool, give commingling order number.       If this production is commingled with that from any other lease or pool, give commingling order number.	
pive location of tanks.	
If this production is commingled with that from any other lease or pool, give containing one of the second se	
TV COMPLETION DATA	Diff Res'v
Oil Well Cas well New Well House	_i
Designate Type of Completent (17) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
Elevations (DF, RKB, RT, GR, elc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
Depth Casing Shoe	
Perforations	
TUBING, CASING AND CEMENTING RECORD           HOLE SIZE         CASING & TUBING SIZE         DEPTH SET         SACKS CEI	MENT
HOLE SIZE CASING & TUBING SIZE	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 he DIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 he	эн <b>г</b> з.)
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to be Leven by the set of	
Choke Size	
Length of Test	
Actual Prod. During Test Oil - Bbls. Water - Bbls. Cas- MCF	
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
Testing Method (pilos, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISI	ON
I bereby 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 octain.	
By OPTOTINAL DEPONDED DAY CARDON DEALOR	₫
Trile	
Date Telephone No.	

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.

RECER.

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