District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

[1] Operator name and Address	[2] OGRID Number
ARCO Permian A Unit of Atlantic Richfield Co. P.O. Box 1710 Hobbs, NM 88240	000990
	[3] Reason for Filing Code JUN 1 1994 CH

[4] API Number	[5] Pool Name	[6] Pool Code
30 - 025-31736	Justis Blinebry Tubb Drinkard	34220

[7] Property Code	[8] Property Name	[9] Well Number
007500 1496	South Justis Unit "E"	240

II. [10] Surface Location

Ul or lot no.	Section	Township	Range	Lot.Ida	Feet from the	North/South Line	Feet from the	East/West line	County
E	25	25S	37E		2250	N	330	W	Lea

[11] Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

[12] Lse Code	[13] Producing Method Code	[14] Gas Connection Date	[15] C-129 Permit Number	[16] C-129 Effective Date	[17] C-129 Expiration Date
P	P				

III. Oil and Gas Transporters

[18] Transporter OGRID	[19] Transporter Name and Address	[20] POD	[21] O/G	[22] POD ULSTR Location and Description
022628	Texas New Mexico Pipeline P.O. Box 2528 Hobbs, NM 88240	2811304	O	D-25-25S-37E
020809	Sid Richardson Carbon P.O. Box 1226 Jal, NM 88252	2811302	G	"
022345	Texaco Exp & Prod P.O. Box 3000 Tulsa, OK 74102	2811303	G	"

IV. Produced Water

[23] POD	[24] POD ULSTR Location and Description
476750	

V. Well Completion Data

[25] Spud Date	[26] Ready Date	[27] TD	[28] PBTD	[29] Perforations

[30] Hole Size	[31] Casing & Tubing Size	[32] Depth Set	[33] Sacks Cement

VI. Well Test Data

[34] Date New Oil	[35] Gas Delivery Date	[36] Test Date	[37] Test Length	[38] Tbg. Pressure	[39] Csg. Pressure

[40] Choke Size	[41] Oil	[42] Water	[43] Gas	[44] AOF	[45] Test Method

[46] I hereby certify that the rules 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.

Signature: Kellie D. Murrish
Printed name: Kellie D. Murrish
Title: Records Processing Clerk II
Date: 6-1-94 Phone: (505)391-1649

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON
Title: DISTRICT I SUPERVISOR
Approval Date: JUL 08 1994

[47] If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

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

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

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

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
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
ARCO OIL & GAS COMPANY	30 025 31736

Address: P. O. BOX 1710 HOBBS, NEW MEXICO 88240

Reason(s) for Filing (Check proper box)
- New Well [ ]
- Recompletion [ ]
- Change in Operator [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain) [X] ADD TRANSPORTER (GAS)

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
SOUTH JUSTIS UNIT "E"	240	JUSTIS BLINEBRY TUBB DRINKARD	(Fee)	FEE

Location
Unit Letter E : 2250 Feet From The NORTH Line and 330 Feet From The WEST Line
Section 25 Township 25 S Range 37 E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (XXX) or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
TEXAS NEW MEXICO PIPELINE COMPANY	P O BOX 2528 HOBBS, NEW MEXICO 88241
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
SID RICHARDSON CARBON & GASOLINE CO. TEXACO EXPLORATION & PRODUCTION	P.O.Box 1226 Jal, N.M. 88252 P. O. Box 3000 Tulsa, Ok. 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

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

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 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, 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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature: James Cogburn
Printed Name: JAMES COGBURN
Title: OPERATIONS COORDINATOR
Date: 6/21/93
Telephone No.: (505) 391-1621

OIL CONSERVATION DIVISION

Date Approved: JUL 19 1993

By: ORIGINAL SIGNED BY JERRY SEXTON
Title: DISTRICT I SUPERVISOR

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.