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

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

## 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

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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REOU	FST FOR	R ALLOWAE	LE AND	AUTHORIZ	ZATION			
	SPORT OIL	AND NA							
L. Operator	<u> </u>					Well A	PINO.	/	
ARCO 011 and Gas	Company						30-	025- 3/	736
Address									
P.O. Box 1710 - H	obbs, N	ew Mexi	co 88241	-1710	(D)	ial or		Mana Ema	
Reason(s) for Filing (Check proper box)				X Oth	es (Please explo	Chan	ge Mett	Name Fro	)W
New Well	•		unaporter of:		1.	DA WIN	HBERLA	FY# 1	9
Recompletion	OI		hy Gas 🔲				ctive:		
Change in Operator	Casinghead	Gas C	Conden mate			EILE	CLIVE	·	<del></del>
f change of operator give name and address of previous operator									<del> </del>
	4.5 TO 1 TO 4	CE							
IL DESCRIPTION OF WELL	ESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Including						Lesse Lesse No.		
Lease Name		240	Justis Bli	nebry Tu	ibb Drink	ard See,	Federal or Fee	FI	EE
South Justis Unit " E	<u>'</u>								
Location F	224	50 E	eet From The	ORTH Lin	e and	<u> </u>	et From The	WES	/ Line
Unit Letter	_ :	<u></u> '							
Section 25 Townshi	258	5 <b>F</b>	tange 37	E N	мрм,	<u>Lea</u>			County
30000									
III. DESIGNATION OF TRAN	SPORTE	r of oil	AND NATU	RAL GAS	e address to w	lick approved	copy of this fo	rm is to be see	u)
Name of Authorized Transporter of Oil	$\square$	or Condens	<b>"</b> $\square$		30x 2528				
Texas New Mexico Pipe	ine Cor	pany	- 2 6 []	P.O.	n address to w	- HODDS	copy of this fo	rm is to be se	w)
Name of Authorized Transporter of Casin	ghead Gas	ه تکتا	r Dry Gas		30x 1226				
Sid Richardson Carbon	and Gas	Sec. 1	Company Ny Ree	Is gas actual	y connected?	Whea	7	_	
If well produces oil or liquids, give location of tanks.	Unit		25 37		Ë5		11/2	4/92	
If this production is commingled with that	1 0 1			ling order sum	ber:				
If this production is comminged with the IV. COMPLETION DATA	HORE MAY WAN	., v. }-						,	<b>~</b> -
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	i	İ	1	<u> </u>	<u> </u>			
Data Spudded	Date Comp	A. Ready to I	rod.	Total Depth			P.B.T.D.		
				Top Oil/Gas	B.v.		Tubing Dept		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing For	matica	Tob Oncom	ray		Depth Casing Shoe		
	<u> </u>			<u> </u>					
Perforations									
		TIDDIC (	CASING AND	CEMENTI	NG RECOR	D			
		SING & TUE			DEPTH SET		S	ACKS CEME	NT
HOLE SIZE	- CA	SING & TOL	AITO OILE						
	<del></del>						<u> </u>		
	<del> </del>						ļ		
	+						<u> </u>		
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	_			a dansk om ha f	ion full 2d bose	-e }
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of 10	ral volume o	fload oil and mus	be equal to o	r exceed top alli- lethod (Flow, pr	owable for in	ec)	<i>Or jan 24 hou</i>	•
Date First New Oil Run To Tank	Date of Tes			Producing M	lettog (1.10m) h	erφ, <u>ε</u> ω .γ., .			
				Casing Press			Choke Size		
Length of Test	Tubing Pre	SPIR .		Casing					
				Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Bbis.								
				.1					
GAS WELL		Test		Bbls Conde	amic/MMCF		Gravity of C	codensate	
Actual Prod. Test - MCF/D	Length of	TOUL			-				
	Tiling Do	essure (Shut-	in)	Cating Press	pure (Shut-in)		Choke Size		
Testing Method (pitot, back pr.)	1 doing	(		1 -					
		COM	LANCE	1			4 TION		NA I
VI. OPERATOR CERTIFIC	ALEOR	COMP	PINIACE		OIL CON	NSERV	AHON	DIAIDIC	Ж
I hereby certify that the rules and regularision have been complied with and	uations of the I that the info	rmetice give	a above				JAN	7 100	£
Division have been complete with and is true and complete to the best of my	knowledge a	nd belief.		Date	e Approve	d			
				11	• •				
Lamb.	By ORIGINAL SIGNED BY JERRY SEXTO				EXTON				
<del></del>				-,-	Dha	TRICT 1 31	JPBRVISOR		
Temes D. Coghurn -	peratic	ons_Coo	rdinator Tile	Title	)				
Printed Name		(505)	391-1600	1106	<i></i>				
Date /-/-93			phone No.						
<i> - -1</i> 0									-

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

  Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	OTRAN	NSPO	RT OIL	AND NAT	URAL GA	AS					
perator	TO TRANSPORT OIL AND NATURAL GAS							Well API No.				
ARCO Oil & Gas Co	ompany					30-025-31736						
ddress Box 1610, Midland	d. mx 7	79702										
eason(s) for Filing (Check proper box)	-, 11 /				Othe	T (Please explo	zin)		· · · · · · · · · · · · · · · · · · ·	<del></del>		
ew Well		Change in T	-	er of:								
ecompletion	Oil		Dry Gas									
hange in Operator change of operator give name	Casinghead	Gas [ ]	Condens				<del></del>		<del></del>			
d address of previous operator												
L DESCRIPTION OF WELL	AND LEA		4145						<del></del>			
case Name	1	Well No. 1			ubb Dri	nkard		of Lease Federal or Fed				
Ida Wimberley		19	ous	CISAI	upp bri							
Unit Letter E	: 2250	) 1	Reet Fro	m The N	orth Line	and 330	Fe	et From The	West	Line		
		·	1601110			т.						
Section 25 Townshi	25S	]	Range	37E	, NI	<b>лрм,</b> Le	ea		<del></del>	County		
II. DESIGNATION OF TRAN	ICPADTEL	OF OU	I. ANT	NATTI	RAL GAS							
Vame of Authorized Transporter of Oil		or Condens			Address (Giv	address to w	hich approved	copy of this f	orm is to be se	ent)		
Tex-New Mex Pipeli	ne					Box 25						
Name of Authorized Transporter of Casin				ias 🔀		e address to was				ent)		
Sid Richardson Car f well produces oil or liquids,			<u>ine</u> Twp.	CO.	Is gas actuali		When		<u> </u>			
ive location of tracks.		25	25	27	ye		<u> </u>	1-24-9	2			
this production is commingled with that	from any other	r lease or p	ool, giv	commingi	ing order numi	xer:						
V. COMPLETION DATA	<del> </del>	10:: 17: 11		W-11	New Well	Workover	Deepen	Ding Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	Oil Well		as Well	X X	WOLKOVEI	Docpen	Flug Back	Same Res			
Date Spudded	Date Comp				Total Depth	_		P.B.T.D.	^			
10-21-92		11-20-92			608			6029				
Elevations (DF, RKB, RT, GR, etc.) 3061 GR 3075 RKB		Name of Producing Formation Blinebry - Tubb						Tubing Depth 5962				
Perforations					530	<u> </u>		Depth Casing Shoe				
5303-5884								608	0			
					CEMENTI				04.0KO 05M	ENT		
HOLE SIZE		NG & TU	BING S	SIZE		<b>DEPTH SET</b> 900	<u> </u>	SACKS CEMENT				
12-1/4 7-7/8		8-5/8 5-1/2				080		1340				
1-110		-7/8				962						
							<del></del>	<u></u>				
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLOWA	ABLE	il and mus	t he equal to of	exceed top al	lowable for th	is depth or be	for full 24 ho	ers.)		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		0, 1000		Producing M	ethod (Flow, p	oump, gas lift,	esc.)	· · · · · · · · · · · · · · · · · · ·			
11-20-92		11-25-92			Pum	<u> </u>		(C) -1 C'	Choke Size			
Length of Test	Tubing Pre	SELICE			Casing Pressure			Choke Size				
24 hrs Actual Prod. During Test	Oil Phie				Water - Bbis			Gas- MCF				
ACUAL FROM During 1est	Oli - Bois.	Oil - Bbls.			6	6		2	29			
GAS WELL	<u> </u>											
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	neate/MMCF	_	Gravity of	Condensate			
	-	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	lubing Pre	saure (Shut	i-in)		Casing ries	MITHURY)		-ion diff	-			
VI. OPERATOR CERTIFIC	CATEO	COM	T I A N	JCF	1			<u> </u>				
				·CL		OIL CO	NSERV			NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					DEC 0 3 '92							
is true and complete to the best of m	y knowledge a	nd belief.			Date	e Approv	ed			75 17		
Ken av Lornel	<i>o</i>					OBIONI	\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					
Signature Reg Coord.					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Ken W. Gosnell			Title	<del></del>			·~ i Mi@1 1 3	OLEY AIPO	К			
Printed Name 12-1-92	915	688-		2	Title							
		, ,,,,			11							

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- 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.