bunit 5 Copies
spropriate District Office
STRICT I

D. Box 1980, Hobbs, NM 88240

E-rgy, Minerals and Natural Resources Department

Revised 1-1-29 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ASTRICT III 000 Rio Bases Rd., Aziec, NM 87410

ISTRICT II O. Drawer DD, Assesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well 1	NI NO.			
ARCO OIL & GAS CON	(PANY						3	0 025 .	31779		
Address											
P. O. BOX 1710	HOBBS	, NEW I	MEXI(co	88240						
Reason(s) for Filing (Check proper box)		<u> </u>				es (Please expla	(بعث				
New Well		Change in T	namor	ter of:	11-						
Recompletion	Oil		Ory Gas	_	ADD T	RANSPORTE	ER (GAS)		•		
Change in Operator	Casinghead		Condens	_					X		
If change of operator give same											
and address of previous operator										-	
T DECEMBED OF THE I	ANDIFA	CF.									
IL DESCRIPTION OF WELL	AIND DEA	Wall No. 3	Pool Na	me Includi	ng Formation		Kind	d Lease	L	mae No.	
Lease Name	_ 1 1				INEBRY TURE DRINKARD			Pederal (Fe	9	EE	
SOUTH JUSTIS UNIT	<u></u>	700	102	LIS BI	INERKY	990					
Location	96	n n							EMET		
Unit Letter	: 990	!	Real Pro	os The AZ	erth_Lin	and _45	<u> </u>	et From The	EAST	Line	
2.4	2 5			37	F N	ирм,	1.	EA		County	
Section 2 G Townshi	<u> 2 </u>	<u>- </u>	lange		110	·11 1/L					
	ononati	0.00.01	ANT	NIA THE	DAI GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil RXX or Condensate Address (Give add)							ich approved	copy of this f	orm is to be a	≈ ()	
Name of Authorized Transporter of Oil											
TEXAS NEW MEXICO PIPELINE COMPANY					P.O. BOX 2528 HOBBS, NEW MEXICO 88241 Address Give address to which approved copy of this form is to be sens) P.O. BOX 1226 Jal, N.M. 88252						
Name of Authorized Transporter of Casin	ghead Gas X or Dry Gas L			L.O. Box	1226 Ja	M.M	. 88252 Ok. 74102				
	BON PROBUSTIONE CO.			ls gas schusily		When					
If well produces oil or liquids, give location of tanks.	Utask 1	Unit Sec. Twp. Rgs.			Yes						
-	 										
If this production is commingled with that	from any our	t terms or bo	XXI, gove	COMMITTING	ing orosa munic	~. <u> </u>					
IV. COMPLETION DATA		(20.00.0			1 N 11/-11	Workover	Deepea	Phys Dack	Same Res'v	Diff Res'v	
Designate Type of Completion	- 00	Oil Well	G	us Well	New Well	WORLOVER	Docpes	I ring beca	jouine nes v	i kesv	
· · · · · · · · · · · · · · · · · · ·		Beadu to B	╝—		Total Depth			P.B.T.D.	l	· L	
Date Spudded	Date Compa	. Ready to P	TOUL					1.5.1.5.			
N. A.D. A. de Formation					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Form								- market			
									Depth Casing Shoe		
Perforations									•		
		UDDIO C	NA CDI	CAND	CENTENTO	IC PECOPI	<u> </u>	1			
	TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEF IT GET			 			
	<u> </u>					····					
	<u> </u>										
	ļ							 			
	- DOD 41	LOWA	DIE		<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after t	I FUK A	LLUWA	01666 11666		he amed to or	exceed ton allo	unble for this	death or be t	for full 24 hou	ra.)	
	Date of Test		1000 01	and muoi	Donation Me	thod (Flow, pur	no. eas lift. e	(c.)			
Date First New Oil Rua To Tank	1,000		¥1.6 17-11-	•							
				Casing Pressure			Choke Size				
Length of Test	Tubing Pressure										
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.										
	<u> </u>				l			<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
							Choke Size				
seting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-is)			CICLE SEE			
_	İ							<u> </u>			
VI OPERATOR CERTIFIC	ATE OF	COMPL	JAN	CE	ہ اا		05011	TION		. N. I	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					JUL 19 1993						
is true and complete to the best of my knowledge and belief.					Date Approved						
						Daio / ppioros					
Le Cha					D. ORIGINAL SIGNED BY JERRY CENTRAL						
Sincer					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
JAMES COGBURA OPERATIONS COORDINATOR											
Printed Name		-	ale .		Title.					*	
6/21/93	(505)	391-162	1 No		II						
Date		1 esebb	ione No	•	!!	المتعادية المتعادد والمتعادد					

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.

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