

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
ARCO Oil & Gas Company		30-025-31825
Address		
Box 1610, Midland, TX 79702		
Reason(s) for Filing (Check proper box)		
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain)		
Change in Transporter of:		
<input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
<input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
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	Lease No.
South Justis Unit "D"	190	Justis Blbry-Tubb-Dkrd	State, Federal or <u>Fee</u>	
Location				
Unit Letter		Feet From The	Line and	Feet From The
A	200	North	1100	East
Section	Township	Range	NMPM	County
23	25S	37E	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 sent)	
Tex-New Mex Pipeline		Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Sid Richardson Gasoline/Texaco E&P Co.		Box 1226, Jal NM 88292/Box 3000, Tulsa, OK	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected?
			When ?
			yes
			6-4-93

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
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-18-93	6-4-93	6050	6014					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3106 RKB, 3092 GR	Blbry-Tubb-Dkrd	5114	5981					
Perforations						Depth Casing Shoe		
5114-5950'						6050		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	9-5/8		998		430			
8-3/4	4-1/2		6050		2000			
7-7/8	2-3/8		5981					

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.)	
6-4-93	6-10-93	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	8	13	40

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.

Ken W. Gosnell
Signature
Ken W. Gosnell Reg. Coordinator
Printed Name
6-14-93 915 688-5672
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 18 1993
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

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.

RECEIVED

JAN 17 1993

JOHNS HOPKINS
UNIVERSITY