Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		Energy, I	Minera	ne anv							rum	n C-104	
		Energy, Minerais and Natural Resources Departme									See 1	sed 1-1-89 instructions ottom of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088								N			Saloni of Lage	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		Sa	anta F	e, Ne	w M	exico 87.	504-208	8					
I.						BLE AND							
Operator ARCO Oil & Gas Co		10 110		0.11					Well	API No.			
Address							<u> </u>			30-025-	-31868		
Box 1610, Midland Reason(s) for Filing (Check proper box)	, TX 7	79702					ther (Pleas	e erola	(n)				
New Well 😨	0.1	Change in	- ·		f:			c cipii	.,				
Change in Operator	Oil Casinghea	ud Gas	5, -										
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LE		(Bool)	Jama I		ng Formatio							
South Justis Unit	"F"	190	1			lbry-		Dkr		of Lease , Federal or (F	è	Lease No.	
Location Unit LetterC	. 160)	Feet F	mm Th	, N	orth L	ne and	13:	30 -		West		
Section 24 Townshi	- · <u> </u>				37E			_	·	eet From The	wes	Line	
	P		Range				NMPM,	Lea	<u>a </u>			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conder			ATU	RAL GAS Address (G	ive addres:	to whi	ch approve	d copy of this	form is to be	tent)	
Tex-New Mex Pipelin Name of Authonized Transporter of Casing	ne					Box 2	2528,	Hoł	bs, N	IM 8824	0	·	
Sid Richardson Gase	oline/	Texac	orDry COE	ω ΩP (Co.	Address (G Box 1	ive addres: 226 .	towhu Jal	ch approve NM S	eicopryofthis 28297/ロ	form is to be	sent) 7410)0, Tulsa	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.			ls gas actua Ves	liy connect	ied?	When	o ?		<u>lu, Tulsa</u>	
f this production is commingled with that f V. COMPLETION DATA	from any oth	er lease or	pool, gi	ve com	mingli		nber:		L	5-1-9	<u>> </u>		
Designate Type of Completion	- 00	Oil Well		Gas We	ell	New Well	Worko	ver	Deepen	Plug Back	Same Res'	Diff Res'v	
Date Spudded	Date Comp	X A. Ready to	Prod.			X Total Depth	1			P.B.T.D.	İ		
3-6-93 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					6150 Top Oil/Gas Pay				6090			
3097 RKB 3083 GR Blbry-Tubb-Dkrd						5112				Tubing Depth 6015			
<u>5112-6032</u>										Depth Casi		· · · · · · · · · · · · · · · · · · ·	
	TUBING, CASING AND				ND	CEMENTING RECORD							
HOLE SIZE		SING & TL		SIZE		DEPTH SET 997				SACKS CEMENT			
7-7/8	<u>8-5/8</u> 4-1/2					6150				430 sx 1600 sx			
	2-3/8					6015				<u> </u>	<u> </u>		
. TEST DATA AND REQUES										. <u>.</u>			
DIL WELL (Test must be after re Date First New Oil Run To Tank	covery of lot Date of Tes	ial volume i	of load o	oil and	must i	e equal to o	exceed to	p allow	able for thi	s depth or be	for full 24 he	ours.)	
5-1-93	5-4-93				İ	Producing Method (Flow, pump, gas lift, etc.) Pump							
ength of Test 24 hrs	Tubing Pressure				i	Casing Pressure				Choke Size			
and Deal Deal T	ual Prod. During Test Oil - Bbls.				1	Water - Bbis.				Gas- MCF			
	5	5					7			4	4		
GAS WELL Actual Prod. Test - MCF/D	D Length of Test					Bbls. Condensate/MMCF Gravity					Condensate		
	LUDING Pres	sure (Shui-	· I I)			Casing Press	ure (Shut-i	n)		Choke Size			
I. OPERATOR CERTIFICA	TE OF	COMP	LIAN	CE									
I hereby certify that the rules and regulat	tions of the C	Dil Conserv	ation			OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved							
Ken av Gomel	0					Dale	- Abbio	vea				×	
Signature						By_	v with	<u> (</u> 1.9		<u>Y JARNY SI</u> Pasin Jar	EXTON		
Ken W. Gosnell Reg. Coord. Printed Name Title													
		-	TILLE										
Printed Name 5-11-93 Date	9.	15 68	8-56		-	litle							

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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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

OCD HOBBS OFFICE