

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

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

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

State of New Mexico
En, 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 ARCO OIL & GAS COMPANY		Well APN No. 30 025 31868
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240		
Reason(s) for Filing (Check proper box) New Well ☒ Other (Please explain) Recompletion ☐ Change in Transporter of: Change in Operator ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐		
If changes of operator give name and address of previous operator		

PLEASE ASSIGN AN OIL TESTING
ALLOWABLE OF 800 BBLs FOR THE
MONTH OF MAY 1993

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Lease Name SOUTH JUSTIS UNIT "F"	Well No. 190	Pool Name, Including Formation JUSTIS BLINERRY TURB DRINKARD	
Location Unit Letter <u>C</u> : <u>160</u> Feet From The <u>NORTH</u> Line and <u>1330</u> Feet From The <u>WEST</u> Line			
Section <u>24</u>	Township <u>25 S</u>	Range <u>37 E</u>	County <u>LEA</u>

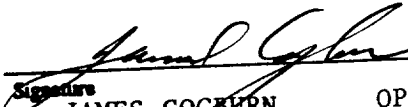
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ TEXAS NEW MEXICO PIPELINE COMPANY	P O BOX 2528 HOBBS, NEW MEXICO 88241		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ SID RICHARDSON CARBON & GASOLINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1226 Jal, N.M. 88252		
TEXACO EXPLORATION & PRODUCTION	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? <u>Yes</u> When? <u>4/30/93</u>

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
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 	OPERATIONS COORDINATOR
Printed Name JAMES COGBURN	Title
Date 4/30/93	Telephone No. (505) 391-1621

OIL CONSERVATION DIVISION	
Date Approved <u>MAY 03 1993</u>	
By <u>ORIGINAL SIGNED BY JERRY SEXTON</u>	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.