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

State of New Mexico
Energy, Minerais and Natural Resources Department

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

P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OSTRICT III OOO Rio Brazos Rd., Azzec, NM 87410					LE AND A			ION				
		TO TRA	NSPOF	RT OIL	AND NAT	URAL	GAS	Well A	DI NA			
Operator C C C	Well API No. 30-025-31963											
ARCO Oil & Gas Com	ipany							اد	J-023 - 3	1303		
Mox 1610, Midland,	TX 7	9702				(D)						
leason(s) for Filing (Check proper box)			_	_	Other	(Please	explain)					
lew Well		Change in	Transporte	r of:								
Recompletion	Oil	=	Dry Gas	<u> </u>								
Change in Operator	Casinghea	d Gas 🔛	Condensa	te								
change of operator give name address of previous operator					·							
L DESCRIPTION OF WELL A	AND LEA	ASE Well No.	Pool Nam	ne. Includir	ng Formation		<u>_</u> .	Kind c	f Lease		ease No.	
South Justis Unit	"G"	220	1		lbry-Tu	ıbb-D	krd	State(Federal or Federal	LC-0	32650-E	
Unit Letter0	: 12	20	_ Feet From	n The S	outh Line	and	2550	F o	et From The	East	Line	
Section 24 Township	<u>25</u>	3	Range	37E	, NN	(PM,	Lea_				County	
II. DESIGNATION OF TRAN	SPORTE			NATU	RAL 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 Pipelir					Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) 741						7.410	
Name of Authorized Transporter of Casing		<u> </u>	or Dry G									
Sid Richardson Gaso								_,		0×3000),Tulsa	
If well produces oil or liquids, jive location of tanks.	Unit 	Sec.	Twp.	Rge.	yes yes	connecte	:d ?	When	? 7-19 - 93	3		
f this production is commingled with that in V. COMPLETION DATA	from any ot	her lease or	pool, give	commingi	ing order numb	er: _		·				
Designate Type of Completion	- (X)	Oil Wel	i Ga	s Well	New Well	Workov	er I	Deepen	Plug Back	Same Res'v	Diff Res'v	
		X Deadu			Total Depth				PRTD	1		
Date Spudded	i	pi. Ready t			•	1			P.B.T.D.	5978		
5-23-93	7-19-93				6050 Top Oil/Gas Pay							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			•			Tubing Depth 5951					
3079 RKB 3065 GR	Blbry-Tubb-Dkrd				50/4	5072			Depth Casing Shoe			
Perforations 5072-5948									605	_		
	-	TUBING	, CASIN	G AND	CEMENTI	NG REC	CORD					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
12-1/4	1	8-5/8			950			770				
7-7/8	4-1/2			6050			1 550					
	2-3/8			5951								
					i							
V. TEST DATA AND REQUES OIL WELL Test must be after r	ST FOR	ALLOW	ABLE of load oil	l and mus	t be equal to or	exceed to	p allowal	ble for thi	s depin or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of To		- 0, sould 01		Producing Me	thod (Fla	т, ритир,	gas lift,	etc.)			
7-19-93		7-29-	93		Pump							
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
24 hrs	Oil - Bbls.				Water - Bbls.				Gas- MCF			
Actual Prod. During Test					28			99				
GAS WELL												
Actual Prod. Test - MCF/D					Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI ODED ATOR CERTIFIC	ATEO	E COM	DITAN	CE	<u> </u>							
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						OIL CONSERVATION DIVISION						
						AUG 09 1993						
is true and complete to the best of my	knowledge	and belief.			Date	Appr	oved	AU	י פט טו			
, iv	2.0											
Ken w Tota	ell				∥ By_			Orig	. Sr. red <u>t</u> ul Kautz	y		
Signature	<i>-</i>	_	2		By -			— ₽a	ui Kautz			
Ken W. Gosnell		Re	g <u>CC</u> Title	ora.				G	eolog ist			
Printed Name		915 6	88 - 56	72	Title							
8-5-93 Date			elephone No									

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.