Submit 5 Copies
Appropriate District Office
DISTRICT 1

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1000 Rio Brazos Rd., Aztec, NM 87	410										
I.					AUTHORI						
Operator	10	HANSPO	JH I OII	L AND NA	TURAL G		ADVA				
ARCO Oil & Gas	Company	mnany				Weil API No.					
Address	Company	-					30-025-	31967			
Box 1610, Midla		) 2									
Reason(s) for Filing (Check proper b	ox)			Oth	et (Please expla	in)					
New Well		ge in Transpor									
Recompletion	Oil	Dry Gas									
Change in Operator	Casinghead Gas	Condens	nate				<del></del>				
and address of previous operator						<del></del>					
II. DESCRIPTION OF WE								·			
South Justis Un		No. Pool Na			ubb-Dkr		of beans, Federal or Fe	ee I	ease No.		
Location				<u> </u>	UDD DAT	<u> </u>					
Unit Letter G	:2500	Feet Fro	m The _N	orth Lin	e and23!	50 F	eet From The	East	Line		
Section 23 Tow	vaship 25S	Range	37E	, NI	MPM, Le	a			County		
OI DECIGNATION OF THE							··				
III. DESIGNATION OF TR Name of Authorized Transporter of C	RANSPORTER OF		NATU	RAL GAS							
	1 32 1	ondensate			e address to wh				eni)		
Tex-New Mex Pipe				Box 2	528, Ho	bbs. N	M 8824	0			
Name of Authorized Transporter of C	atinghead Gas	or Dry G	ias	Address (Giv	e address to wh	ich approved	copy of this	form is to be s	ent) 7410:		
Sid Richardson G				Box 1	<u>226, Ja</u>	1 NM 8	8292/B	ox 3000	0.Tulsa		
If well produces oil or liquids, give location of tanks.	Unit   Sec.	Twp.	Rge.	12 632 scm311	y connected?	When	1 ?				
			L	yes		L	7-7-93				
f this production is commingled with V. COMPLETION DATA	that from any other leas	e or pool, give	commingl	ing order numi	жет:						
Designate Type of Complet	ion (V)	•	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		X		X			<u> </u>		İ		
•	Date Compi. Read	•		Total Depth			P.B.T.D.				
5-4-93 7-7-93				6050			6012				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  3091 RKB 3077 GR Blbry-Tubb-Dkrd			Top Oil/Gas Pay			Tubing Depth					
			<u> </u>	5122			5979				
5122-5955							Depth Casin	ng Shoe			
	TUBIN	NG. CASIN	G AND	CEMENTI	NG RECORI	5	1 00	30			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12-1/4		8-5/8			1025			770			
7-7/8		4-1/2		6050			1430				
					М			, ,	<del></del>		
. TEST DATA AND REQU	IEST BOD ALLO	WADIE									
			and	he equal to a-	evened ton all =	uahla 6 el 1	- dd1				
Date First New Oil Run To Tank		Date of Test			be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
	i a constant	7-15-93			Producing Method (Flow, pump, gas lift, etc.)  Pump						
7-7-93 Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
24 hrs	I doing Ficesule			CENTRE LICOSU	10		CHOKE SIZE				
Actual Prod. During Test	Oil Phie	OH PNI			Water - Phic			Gos MCE			

## GAS WELL Actual Prod. Test - MCF/D Length of Test Bblis. Condensate/MMCF Gravity of Condensate Gravity of Condensate Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 Losnell	)							
Signature Ken W. Gosnell	Reg. Coord.							
Printed Name	Title							
7-22-93	915 688-5672							
Date	Telephone No.							

## OIL CONSERVATION DIVISION

By Orig. Signed by Paul Kautz
Geologist
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.