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

State of New Mexico gy, Minerals and Natural Resources Departms

Form C-104 Revised 1-1-89

DISTRICT E P.O. Drawer DD, Assesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Basos R4., Assec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	- AND IN		Wall	API No.							
ARCO OIL & GAS COMPANY							30 025 <i>3/984</i>				
Address P. O. BOX 1710	новвя	, NEW	MEX	ICO	88240				·		
Reason(s) for Filing (Check proper box)						es (Please explo		البصادر			
New Well	PLEASE ASSIBN AN OIL TESTING ALLOWARKE OF 500 BOLS FOR THE										
Recompletion U	Oil	_	Dry (_							
Change in Operator	Casinghea	d Gas	Cond	combs	mon	UTH OF	WF C	75			
if change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE							- ,		
Losse Name	., ,				ing Formation		State	of Lease Pederal on Pe	\1 -	esse No.	
SOUTH JUSTIS UNIT	<u> / 1</u>	180	1	STIS BL	INERKY_T	URB DRIN	KAKU		<u> </u>		
Unit Letter	_:	50	. Foot 1	Prom The 3	OUTH LIM	and	80 r	et From The .	WES	Line	
Section /3 Townsh	ip 25	S	Range	3 7	E .N	IPM,	L	EA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	<u> </u>	or Conder			Address (Give	e address to wi					
TEXAS NEW MEXICO	P O BOX 2528 HOBBS, NEW MEXICO 88241										
Name of Authorized Transporter of Casin	ighead Gas		or Dry Gas		P. U. BOX	ai, N.M	portined copy of this form is to be sent) N.M. 88252				
	XACO EXPLURATION OF PROPURITY OF CO.				P.O.B	P. O. Box 3000 Tulsa, Ok. 74102					
If well produces oil or liquids,	Unit	Sec. Tw		Rge	1 * '		Wass	When ?			
pive location of tanks.	1		<u></u>		Yes			14/10	175		
If this production is commingled with that	from any other	er lease or	pool, g	ive committee	nut outer arms					···············	
IV. COMPLETION DATA		Oil Well		Ges Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	IOI wen	' i	OES WOIL	1	1	 			i	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	L	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Purformions					<u>l , </u>			Depth Casing Shoe			
		TIRING	CAS	ING AND	CEMENTIN	NG RECOR	D	<u>!</u>	······································		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TODING SIZE										
	-										
	 										
								<u> </u>			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	C							
OIL WELL (Test must be after	recovery of 100	tal volume	of load	oil and must	be equal to or	exceed top allo	mable for thi	depth or be f	or full 24 hour	73.)	
Date First New Oil Rua To Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
					W Dh'-			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.						
GAS WELL											
Actual Frod. Test - MCF/D	Length of Test				Bbls. Condensate/MIMCF			Gravity of Condensate			
Feeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-ia)			Choke Size			
	1				<u> </u>			J			
VL OPERATOR CERTIFIC				NCE	l c	DI CON	SERV	ATION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CON		DEC.1.	7 1997	- -	
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					11		_				
as true and complete to the best of my	YDOMJEGŠE SU	u pesset.			Date	Approved	J				
	_]						
James you					By_	A6/A1***	**************************************	A LEBBA	EXTON		
JAMES GOGBURN OPERATIONS COORDINATOR					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name		 `	Title		Title	DIS	IKICI I 3	OL PV 415A	•		
12/14/93	(505)	391-16	21_						· —		
Deta/		Tele	phone	No.	11						

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 Porm C-104 must be filed for each pool in multiply completed wells.