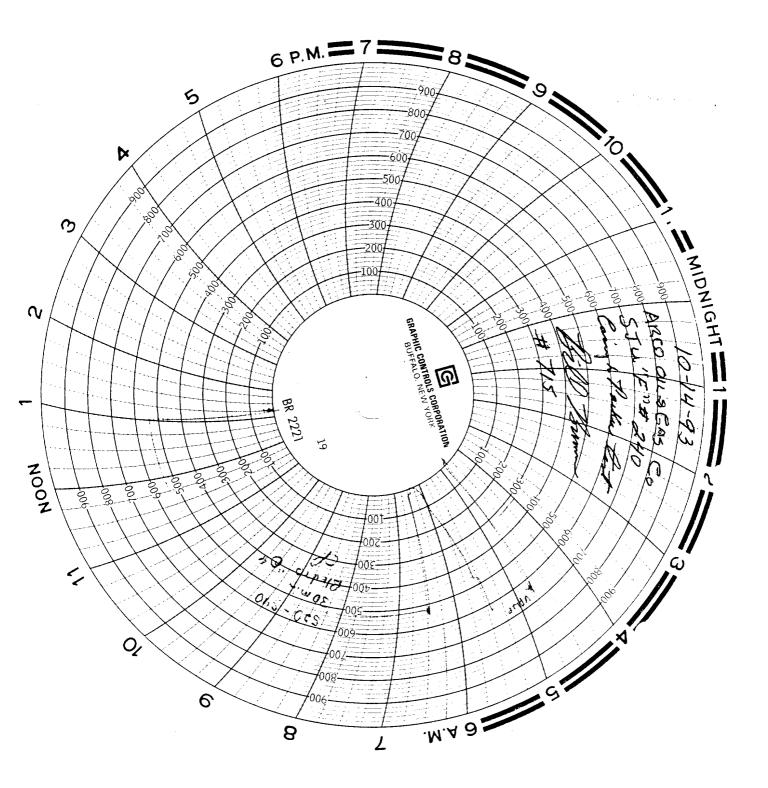
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| | TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING (CASING TEST AND CENTRE (Other) (Ot | PLUG AND ABANDONMENT STATELING ANY PROPOSED Ellef eam Leader DATE TELEPHONE 915 688-5674 |
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OFFICE



Submit 5 Cooles
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

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

| I. | | | | | F AND NA | | | | | | | |
|--|-------------------------|-----------------------------------|---------------|--------|----------------------|-------------|------------------|----------------|------------------|-----------------------|-------------|--|
| Operator | | | | | | 1011/1 | <u>. ur</u> | | API No. | | | |
| ARCO Oil & Gas Con | mpany | | | | | | | 3 | 80-025- | 31985 | | |
| Box 1610, Midland | , TX 7 | 9702 | | | | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | | Oth | et (Please | expia | in) | | | | |
| New Well X | | Change in Tr | | - | | | | | | | | |
| Change in Operator | Oil Casinghead | _ | Ty Gas | = | | | | | | | | |
| If change of operator give name and address or previous operator | | | | | | | | | | | | |
| II. DESCRIPTION OF WELL | ANDIE | cre | | | | | *** | _ | | | | |
| Lease Name | | | ool Name, In | clud | ing Formation | | | Kind | of Lease | | Tanan Ma | |
| South Justis Unit | | 1 | | | Blbry-T | ubb-I |)kr | | xPatent in F | œ ' | ease No. | |
| Location | 0.5 | | | | | | | | | | | |
| Unit Letter F | _:25 | 5 <u>00</u> Fe | eet From The | · — | North _{Lin} | e and | <u>150</u> | 10 F | et From The | West | Line | |
| Section 25 Township | p 259 | S Ra | ange 3 | 7E | , Nī | мрм, | Le | a | | | County | |
| III. DESIGNATION OF TRAN | CDADTEE | OF OIL | A BITS BIA | ז פיפי | TAL CAS | | | | | | | |
| Name of Authorized Transporter of Oil | | or Condensate | | 1 U | Address (Giv | e address | lo wh | ich approved | copy of this | form is to be s | (ent) | |
| Tex-New Mex Pipelin | ne | | | | Box 2 | 528, | Hol | obs, N | M 8824 | .0 | | |
| Name of Authorized Transporter of Casing Sid Richardson Gaso | ghead Gas oline / 1 | or | Dry Gas | | Address (Giv | e address | o whi | ich approved | copy of this | form is to be s | rent) 74102 | |
| processes out of inquites, | Unit : | Sec. TV | <u>ΕαΕ</u> (| Rge. | Is gas actuali | y connecte | <u>Ja.</u> d? | L NM 8 | 8292/E | ox 300 | O.Tulsa,OK | |
| give location of tanks. | 11 | | | | yes | | | i | | 9-93 | | |
| If this production is commingled with that it. IV. COMPLETION DATA | from any other | r lease or poo | al, give comm | ningi | ling order numl |) — | | | | | | |
| | | Oil Well | Gas Wei | 11 | New Well | Workov | er | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion Date Spudded | · , | X | <u> </u> | | X | | i | | | 1 | l l | |
| 8-7-93 | 1 | . Ready to Pr . 9 – 9 3 | Od. | | Total Depth | 050 | | | P.B.T.D. | 006 | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Pro | xducing Form | | | Top Oil/Gas | | _ | | Tubing De | | | |
| 3058 GR | 3058 GR Blbry-Tubb-Dkrd | | | | 5070 5987 | | | | | | | |
| 5070-5956 | | | | | | | | | Depth Casi | | | |
| 3010 3730 | π | JBING, CA | ASING A | ΔΛ | CEMENTI | NG REC | ORI |) | : 01 | 050 | | |
| HOLE SIZE | | ING & TUBI | NG SIZE | | | DEPTH S | SET | | | SACKS CEN | ENT | |
| 12-1/4 7-7/8 | | 3-5/8 -1/2 | | | 980 | | | 770 | | | | |
| | | 2-3/8 | | | 6050 5987 | | | | 1650 | | | |
| V. TEST DATA AND REQUES | T FOD A | LOWAR | IF | | | | | | | | | |
| OIL WELL (Test must be after re | | | | rusi | be equal to or | exceed to | allov | vable for this | s depth or he | for full 24 hos | er) | |
| Date First New Oil Run To Tank | Date of Test | | | | Producing Me | | | | | yor y 24 1100 | 3., | |
| 9-19-93 Length of Test | Tubing Press | 9-28-9 | 3 | | Pump Casing Pressu | | | | Choke Size | | | |
| 24 hrs | I doing Frees | suic . | | | Casing 1 10050 | 16 | | | . Clioke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | _ | | | Water - Bbls. | | | | Gas- MCF | | | |
| CACTION | | 9 | | | 1 | 62 | | | | 37 | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of Te | eci | | | Bbls. Condens | nte/MMC | F | | Gravity of | ~ | | |
| | | | | | Dois. Collects | | | | Gravity or (| Condensate | | |
| Testing Method (pitot, back pr.) | Tubing Press | Rure (Shut-in) | | | Casing Pressu | re (Shut-in |) | | Choke Size | | | |
| VI OPED ATOR CERTIFIC | ATE OF | COLORIA | ANCE | | | | | | <u>-</u> | | | |
| VI. OPERATOR CERTIFICATION I hereby certify that the rules and regula | | | | | ∥ c | OIL CO | NC: | SERVA | NOITA | DIVISIO | N | |
| Division have been complied with and this true and complete to the best of my kn | hat the inform | ation given a | bove | | | | | OOT | 0.4.400 | a | | |
| is due and complete to the best of my to | nowiedge and | bener. | | | Date | Appro | ved | 1161 | 0 4 199 | <u> </u> | | |
| Johnsy She | eldo | | | _ | | | | | Orig. Sig | ed by | | |
| Signature Johnny Shield | g Drl | Team I | eader | - | By_ | | | | Paul K Geolog | auts rist | | |
| Printed Name | - | Tit | le | - | Title_ | | | | 2010 | | | |
| 9-30-93 Date | 915 | 688-567 Telephor | | - | | | | | | | | |
| - | | ı erebiioi | IN 17U. | | lL | | | | | | | |

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.

PEDENED

907 # 1 **1993**