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

State of New Mexico Energy, Minerals and Natural Resources Department

63718

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

1000 Rio Britos Rd., Aziec, NM 87410		MADIE AND AL	TUODIZATION	
REC	QUEST FOR ALLO			
I.	TO TRANSPORT	OIL AND NATU		
Operator			Well API No.	
ARCO 011 and Gas Compa	ınv		30-	025-11767
Address				
P.O. Box 1710 - Hobbs,	New Mexico 88	3241-1710		
Reason(s) for Filing (Check proper box)		X Other (P	lease explain) Change Well	Name From
New Well	Change in Transporter o		CARLSON "A	
Recompletion Oil	Dry Gas			
Change in Operator	head Gas 🔲 Condensate		Effective:	1/1/93
	mad Oil An	<i>A</i> .		
If change of operator give name and address of previous operator MERIDI	HN WASH	<u> </u>		
II. DESCRIPTION OF WELL AND L				
Lease Name	Well No. Pool Name,		Kind of Lease	Lease No.
South Justis Unit "#"	250 Justis	Blinebry Tubb	Drinkard Sute Foderal or Foe	Nm 0766
Location				
Unit Letter :/	650 En Em TI	. SOUTH Time and	330 Feet From The	FAST Line
Unit Letter :	- rea rion i	14 <u>4-4-12:</u> 1410 410		
Section 25 Township 2	5S Range	37E NMPM	L Lea	County
III. DESIGNATION OF TRANSPORT	ER OF OIL AND N	ATURAL GAS		
Many of Audicidaed Transporter of Oil	or Condensate	Address (Give add	tress to which approved copy of this for	rm is to be sent)

Name of Authorized Transporter of Oil	$\overline{\mathbf{x}}$	or Conde	neste		• • • • • • • • • • • • • • • • • • • •	e address to wi	••		•	•
Texas New Mexico Pipel	ine Co	mpany				30x 2528				
Name of Authorized Transporter of Casing	thead Gas		or Dry	Cas [Address (Giv	e address to wh	tick approved	copy of this f	orm is to be se	p d)
Sid Richardson Carbon		soline	Com	nanv	P.O. P	lox 1226	- Jal	NM 882	52	
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	le gas actuall		When			
give location of maks.		i	j	i		ES	1 :	UNKNO	nur/	
If this production is commingled with that I	from any of	her lease or	pool. gi	ve comming!	ing order numl	ber:				7
IV. COMPLETION DATA SI	BICH	ARDS	ON G	IASOLI	VE CO	Eff. 3/1/9) <u>3</u>			
		Oil Well		Gas Well		Workover	Deepea	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	i	Ĭ			i	1	l	i	Í
Date Spudded		pi. Ready to	o Prod.		Total Depth			P.B.T.D.		
	•	•						l		
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing Fo	omutice		Top Oil/Cas	Pay		Tubing Dep	Ći,	
Transfer for learning and and	••	•								
Perforations	1				<u> </u>			Depth Casin	g Shoe	
		IT IBING.	CASI	NG AND	CEMENTI	NG RECOR	D			
HOLE SIZE		SING & TU				DEPTH SET			SACKS CEM	ENT
HOLE SIZE		<u> </u>	-							
	 							1		
	 							1		
	 							 		
	T FOR	TION	ADIE					<u> </u>		
V. TEST DATA AND REQUES	TFUK	ALLUWA	ADLE		4	anned ton allo	umble for this	e dansk ne ka i	for full 24 hour	1
OIL WELL (Test must be after re			of load	oil and must	be equal to or	thad (Flow, pu	THE OPE JOY ONLY	eepin or or j	OF JIEL ST NOW	7.3
	I				Producing Me	1001 (<i>PLOW. D</i> LE	MD. EQI IEI. E	IC.)		

UIL WELL (Lest must be after re	covery of local volume of load on that much	24 tq == 7	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Leagth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL			· · · · · · · · · · · · · · · · · · ·	<u> </u>
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, 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

Date

is true and complete to the best of	my knowledge and belief.
/	O. alm
Status D. Cochurn -	Operations Coordinator
Printed Name	Title (505) 391–1600

OIL CONSERVATION DIVISION

JAN 13 1992 Date Approved _ ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title FOR RECORD

ONLY

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.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.