Appropriate Discussion DISTRICT J P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Pe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brisos Rd., Aziec, NM 87410	REQUEST FOR
	TO TOANS

1000 Rio Brazos Rd., Azlec, NM 87410	REQUEST	FOR	SPO	OWAE	LE AND A	AUTHORI. FURAL G/	45			
I. Operator		1001	<u> </u>				Well /	PI No.		/
ARCO 011 and Gas	Company			<u> </u>				30	-025-//	767 ^v
Address				000/1	1710					
P.O. Box 1710 - He	obbs, New	Mex1	co_	88241	-1/10 X Othe	x (Please expl	zia) Chan	ge Well	Name Fr	OTL
Reason(s) for Filing (Check proper box)	Chan	ge in Tra	nasport	er of:	لي				4" 5	
New Well Recompletion	Oil	ים 🔲	y Gas		71					_
Change in Operator	Casinghead Gas	□ c₀	onden#	ate			Effe	ctive:	1/1/9.	3
If change of operator give name and address of previous operator	RIDIAN	ai	1 4	Inc.				 		
IL DESCRIPTION OF WELL	AND LEASE				Farmetice		Kind	d Lease	L	ease No.
Lease Name	Well	No. Po	ol Nat	ne, include to 1214	ng Formation	bb Drink	0/	Federal or Fe	· NMC	2766
South Justis Unit "H	" [23	<u> </u>	ust.	LS DII	HEDLY 10					
Location Unit Letter	. 1650) R.	et Fron	m The 5	94TH Line	and 330) Fe	et From The	FAST	Line
Unit Letter	. : <u> </u>		~							
Section 25 Township			nge	37	<u> </u>	ирм,	Lea			County
III. DESIGNATION OF TRANS	SPORTER OF	FOIL	AND	NATU	RAL GAS	e address to wi	Lich anneand	come of this	form is to be se	/)
Name of Authorized Transporter of Oil	X 00 Cc	onden satu	• (\supset		ox 2528				
Texas New Mexico Pipel	ine Compar	<u>.y</u>	Dry G	<u> </u>	P.O. B	e eddress to w	- HODDS	copy of this	form is to be se	nt)
Name of Authorized Transporter of Casing	thead Gas	g ce				lox 1226				
Sid Richardson Carbon If well produces oil or liquids,	and Gasoli Unit Sec.	Ine I	v.b r v.mrf.r:	Rge.	le gas actually	y connected?	When	7		
rive location of make.	i i	i_		<u> </u>	<u> </u>	E5		VNKNO	DWV _	
If this production is commingled with that I	from any other lear	se or poo	d, give	comming	ing order sumi	ber:		·		
IV. COMPLETION DATA				s Well		Workover	Deepea	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		Well	1 6	FR Men	I MEM MET	1		1	i	<u>i</u>
Data Spudded	Date Compl. Res	dy to Pr	od.		Total Depth			P.B.T.D.		
Date Shoone	,					· · · · · · · · · · · · · · · · · · ·		ļ		
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
					L			Depth Casing Shoe		
Perforations								<u> </u>		
	TUBI	NG. C	ASIN	G AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CASING	& TUB	NG S	ZE		DEPTH SET	·	ļ	SACKS CEM	ENT
					<u> </u>			 		
	ļ									
	ļ									
V. TEST DATA AND REQUES	T FOR ALL	OWAE	LE						A- AN 94 L	1
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ecovery of total vo	iume of	load o	il and must	be equal to or	exceed top all ethod (Flow, p	owable for the	s depth or be	Jor Juli 24 Nou	13.1
Date First New Oil Run To Tank	Date of Test				Producing M	eunoa (<i>r.iow. p</i> .	erp, gas igi, i	 ,		
	1				Casing Press	ite		Choke Size		
Leagth of Test	Tubing Pressure									
Actual Prod. During Test	Oil - Bbls.				Water - Bbla	•		Gas- MCF		
Transport a tour or many					<u> </u>			1		
GAS WELL								Gravity of	Condenses	
Actual Fred. Test - MCF/D	Length of Tost				Bbls. Condet	sale/MMCF		CITEVRY OF		
	<u> </u>				Cacine Press	ure (Shut-in)		Choke Size		
Testing Method (pitet, back pr.)	Tubing Pressure	(2pnt-m	J	•	Casag			1		
		× 604	FARI	CE	·			.=:01:	DN/1016	NA I
VL OPERATOR CERTIFIC	ATE OF CU)MPL	,LAN ion	CE	(OIL COM	NSERV	ATION	DIVISIC	אכ
I hereby certify that the rules and regul Division have been complied with and			above					. :	12	
is true and complete to the best of my	knowledge and be	iid. 			Date	Approve	d			<u> </u>
					ORIGINAL SIGNED BY JERRY SEXTON					
Jamel. Cashan				By_	By ORIGINAL SERRED BY SERRY SEATON					
Jemes D. Coghurn - O		Coor	dina	tor_						
)5) 3			Title				<u> </u>	
Printed Name	(30	Toleph	ose N	a.						

- 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.