Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources Department							nt	Form C-104 Revised 1-1-89 See Instructions			
DISTRICT II P.O. Drawer DD. Anesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088										ottom of Page	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					exico 87504							
I. Operator	REQ				BLE AND A L AND NAT		_	S				
ARCO Oil & Gas Co	ompany								API No. 30 - 025-	- 32070		
Address Box 1610, Midland	d, TX '	79702										
Reason(s) for Filing (Check proper box) New Well		Change in	n Transpo	ter of:	Other	(Pleas	e explai	1)	<u> </u>		_	
Recompletion	Oil		Dry Ga									
If change of operator give name	Casinghe	ad Gas	Conden	nate 🛄				<u></u>		<u> </u>		
and address of previous operator		ACE							·	— <u>—, </u>		
Lease Name			Pool Na	me, includ	ing Formation	. <u> </u>			of Lease	<u> </u>	Lease No.	
South Justis Unit	<u>t "G"</u>	_ 251	Jus	<u>stis E</u>	<u>Blbry-Tu</u>	<u>bb-</u>	Dkrd	3002,	Federal de Fi		NM-0766	
Unit LetterJ	:209	5	_ Feet Fro	m The	South Line a	baı	141	5 Fi	eet From The	East	Line	
Section 25 Towns	nip 25S		Range	37E	, NM	PM,	Lea	<u> </u>			County	
III. DESIGNATION OF TRA Name of Authonized Transporter of Oil		OF Conde		<u>NATU</u>	RAL GAS	addres	to whic	hanner	d come of this	form is to be		
Tex-New Mex Pipeline (6					Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) 7410							
Name of Authorized Transporter of Casi Sid Richardson Gas	soline	. 🖾 'Texac	orDny(COE&	PCO.	Address (Give a	iddress 26	iowhic Jal	h approved NM 8	l copy of this 8292/D	form is to be	sent) 7410)0,Tulsa	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	1	is gas actually of Ves	:onnect	ed?		1?		<u>0,Tulsa</u>	
If this production is commingled with that IV. COMPLETION DATA	t from any oth	er lease or	pool, give	ii : commingi				l		0-26-93		
	<u> </u>	Oil Well	I G	as Well	New Well	Worko	ver	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		X	j		Total Depth				L			
. 9-21-93	Date Compl. Ready to Prod. 10-26-93				6050				P.B.T.D.	6003	_	
Elevations (DF, RKB, RT, GR, etc.) 3057 GR	Name of Producing Formation Blbry-Tubb-Dkrd				Top Oil/Gas Pay 5003				Tubing Der	Tubing Depth 5006		
Perforations 5003-5929					Depth Casir	Depth Casing Shoe 6050						
	TUBING, CASING AND				CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE 8-5/8				945				SACKS CEMENT			
7-7/8		<u>5-1/2</u>			6050				1500			
		2-3/8			5006							
V. TEST DATA AND REQUE OIL WELL (Test must be after					he equal to an			able for the				
Date First New Oil Run To Tank	. write 171451	t be equal to or exceed top allowable for this depth or be for fu Producing Method (Flow, pump, gas lift, etc.)						nurs.)				
<u>10-26-93</u> Length of Test	10-28-93 Tubing Pressure				Pump Casing Pressure				Choke Size			
24 hrs Actual Prod. During Test												
Actual Prod. During Test	Oil - Bbls.	6			Water - Bbls.	2			Gas- MCF	64		
GAS WELL Actual Prod. Test - MCF/D							~~					
Annual From Test - MCP/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	lations of the	Oil Conser	vation	CE	01	LC	ONS	SERV	ATION	DIVISI	ON	
Division have been complied with and is true and complete to the best of my	that the infor knowledge ar	mation give id belief.	en above		Date A	ppro	oved	N(<u>IV 10 1</u>	1993		
Johnny Stre	120				By		ORI	GINAL SI	GNED BY	JERRY SFI	KTON	
Signature Johnny Shields	Drlg_'	leam L			^{Uy}			DISTR	ICT I SUPE	RVISOR		
Printed Name			Title		Title_							
11-03-93	9	15 68 8	-5674									

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.