

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator ARCO Oil & Gas Company Well API No. 30-025-32071
Address Box 1610, Midland, TX 79702

Reason(s) for Filing (Check proper box)
New Well ☒ ☐ Change in Transporter of: ☐ Other (Please explain):
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Justis Unit "C" Well No. (Pool Name, including Formation) 170 Justis Blbry-Tubb-Dkrd Kind of Lease State Lease No. LC-060943
Location Unit Letter J 2450 Feet From The South Line and 2250 Feet From The East Line
Section 14 Township 25S Range 37E NMPM. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88240
Tex-New Mex Pipeline
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) 74102
Sid Richardson Gasoline/Texaco E&P Co. Box 1226, Jal NM 88292/Box 3000, Tulsa, OK
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?
5143-5941 5143 5143 5143 5143 Yes 2-5-94

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<u>12-14-93</u>	☒	☐	☒	☐	☐	☐	☐	☐
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>12-14-93</u>	<u>2-5-94</u>	<u>6050</u>	<u>6009</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3117 GR</u>	<u>Blbry-Tubb-Dkrd</u>	<u>5143</u>	<u>5972</u>					
Perforations			Depth Casing Shoe					
<u>5143-5941</u>								

HOLE SIZE	TUBING, CASING AND CEMENTING RECORD	DEPTH SET	SACKS CEMENT
<u>12-1/4</u>	<u>8-5/8</u>	<u>1055</u>	<u>770</u>
<u>7-7/8</u>	<u>4-1/2</u>	<u>6050</u>	<u>1600</u>
	<u>2-3/8</u>	<u>5972</u>	

TEST DATA AND REQUEST FOR ALLOWABLE

L WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
First New Oil Run To Tank 2-5-94 Date of Test 2-15-94 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Prod. During Test Oil - Bbls. 3 Water - Bbls. 11 Gas - MCF 20

WELL
Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity or Condensate _____
Method (pump, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

RATOR CERTIFICATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is complete to the best of my knowledge and belief.

n W. Gosnell

n W. Gosnell

Agent

Title

1-17-94

915 688-5672

Telephone No.

OIL CONSERVATION DIVISION

FEB 24 1994

Date Approved _____

By _____

ORIGINAL SIGNED BY JERRY SEXTON

Title _____

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

NOTES: This form is to be filed in compliance with Rule 1104 for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Forms of this form must be filled out for allowable on new and recompleted wells. Also Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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