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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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	110	,	Mexico 8/304-20					
I.	REQUEST F		ABLE AND AUT					
Operator	TOTAL	INSPURIC	DIL AND NATUR	AL GAS	Well API N	In .		
ARCO Oil & Gas Company			<00099i		30-025-32073			
Address Box 1610, Midla			/	,				
Reason(s) for Filing (Check proper be	)X)		Other (Plea	ase explain)				
New Well		Transporter of:	-					
Recompletion	Oil	Dry Gas =	_					
If change of operator give name	Casinghead Gas	Condensate i		_		<del></del>		
and address of previous operator  II. DESCRIPTION OF WEI	I AND I FASE	<del></del>					<del></del>	
		Pool Name, Inch	uding Formation	マルフフト	Kind of Le		7 NI	
South Justis Un		1	Blbry-Tubb-		Size, Feder	` -	Lease No. -14215	
Unit Letter0	: 1000	Feet From The S	outh Line and _	2350	Feet Fro	om The East	Line	
Section 14 Tow	nship 25-S	Range 37	<u>-е</u> , <b>ммрм</b> ,	Lea			County	
III. DESIGNATION OF TR	ANSPORTER OF OI	L AND NAT	URAL GAS					
Name of Authorized Transporter of O	or Conden		Address (Give addre	ss to which	approved copy	of this form is to be	sent)	
Tex-New Mex Pipeline			Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Ca	usinghead Gas	or Dry Gas	Address (Cine addre			641	sent) 74102	
Sid Richardson Ga	soline/Texac	O E&P Co	. Box 1226,	<u>Jal</u>	<u>NM 8829</u>	2/Box 300	O.Tulsa.O	
pive location of tanks.	Unit   Sec.	Twp.   Rg	e. Is gas actually conne Ves	cted?	I When?	-10-94		
f this production is commingled with t	hat from any other lease or n	oot, give commin		<del></del>	<u> </u>			
V. COMPLETION DATA						<del></del>	<del></del>	
Designate Type of Completic	- (X) Oil Well Gas Well		New Well   Work	over   [	Deepen Plu	Back Same Res'v	Diff Res'v	
Date Spudded 11-30-93	Date Compi. Ready to Prod. 1-10-94		Total Depth 6050		P.B.	T.D. 5988'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3109 GR Perforations	Blbry-Tubb-Dkrd		5134	5.134		5966'		
5134-5957				<del>.</del>	Dept	h Casing Shoe 6050		
	TUBING. (	CASING AND	CEMENTING RE	CORD				
HOLE SIZE	CASING & TUI	BING SIZE	DEPTH	SET		SACKS CEMENT		
12-1/4	8-5/8	- <del></del>	1058	1058'		820		
7-7/8		4-1/2		6050'		1600		
	2-3/8		5966	T	<del></del>			
. TEST DATA AND REQU	EST FOR ALLOWA	BLE				<del></del>		
OIL WELL Test must be afte	r recovery of total volume of	fload oil and mus	st be equal to or exceed t	op ailowabl	e for this depth	or be for full 24 ha	urs.)	
Date First New Oil Run To Tank 1-10-94	Date of Test	Q / <sub>4</sub>	Producing Method (FI	ow, pump, g	as lift, etc.)			
ength of Test	Tubing Pressure	<del></del>	Pump Casing Pressure		Chak	- E:		
24 hrs	luoing riessure	I doing Flessile		Castus Liesanie		Choke Size		
Actual Prod. During Test	Oil - Bbls.	:		Water - Bbls.		Gas- MCF		
	4		7			30		
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MM	CF	Grav	ty of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-ii	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
I. OPERATOR CERTIFI	CATE OF COMP	IANCE	<u> </u>					
I hereby certify that the rules and reg	OIL CONSERVATION DIVISION							
Division have been complied with an is true and complete to the best of m	OIL CONSERVATION DIVISION FEB 0 2 1994							
,	,		Date Appr	oved _		<u> </u>	<del></del>	
Ken au Som	D:-	OPIGIN	NI CIGNED	SA TEBBA CEAL	ront <sup>:</sup>			
Signature Ken W. Gosnell Agent			RA	By ORIGINAL CIGNED BY JERRY SEXTON				
Printed Name	т	ïtle	Title				. •	
1-28-94 Date	(915) 6		1 1116				<del></del>	
	ı erebu	one No.	11					

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.