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

State of New Mexico T y, Minerals and Natural Resources Departme

DISTRICT B P.O. Drewer DO, Astonia, NM 88210

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

DISTRICT III 1000 Rio Boards Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION DAD INDIVIDUAL CAS

L		10 IN	ANSF	ORI OII	L ANU NA	TOTAL		W Na			
Operator ARCO OIL & GAS CON	30 025 32073										
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240											
Researce(s) for Filing (Check proper box)	110000	,				et (Please expl	ain)				
Now Well		Change is	Transp	orter of:		Please assign a 500 bbls testing					
	Oil		Dry G		allowable for the month of January 1994						
Recompletion	Casinghea	4 Gu 🗀	Conde	_	411	.owabie i	or ene		· Candar	, -,, .	
Change is Operator If change of operator give same	Cangica	- C	COOCE							· · · · · · · · · · · · · · · · · · ·	
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	LSE			1					<u> </u>	
Losse Name	Well No. Pool Name, Includ					State	Kind of Lease State/Federal on Fun		Lease No. NM-14215		
SOUTH JUSTIS UNIT	"C "	180	JUS	TIS BL	INERRY T	HRB DRIN	KARD				
Location		•				• 11	50 F e	r m	East	• •	
Unit LotterO	:_1000	<u> </u>	_ Feat Fi	rom The _S	outh Lis	e and	Pe	et From The	Last	Line	
Section 14 Townshi	25	S	Range	37	E , N	MPM,	L	EA		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Occupants Address (Give address to which approved copy of this form is to be see											
Name of Authorized Transporter of Oil											
TEXAS NEW MEXICO P Name of Authorized Transporter of Casing	P. O. BOX 2528 HORBS, NEW MEXICO 88241. Address Give actives to which approved copy of this form is to be sent) P.O. BOX 1226 Jal, N.M. 88252										
SID RICHARDSON CAR	BONDE	ASQLJI	or Dry		P.O.Box	1226 J ox 3000	al, N.M Tulsa	N.M. 88252 1sa Ok. 74102			
If well produces oil or liquids,	Unit	Sec	Twp	Rge				7			
rive location of traks.	I	14	25S	37E	Yes			20-94			
If this production is commingled with that	from any other	er lease or	pool, giv	re comming!	ing order munk	xer:					
IV. COMPLETION DATA		Oi Well	7	Gas Well	New Well	Workover	Decpea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I wen	` i `	JE5 ****E	1				<u> </u>		
Date Spudded	Date Compl. Ready to		Prod.		Total Depth			P.B.T.D.		•	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
					L.,	Depth Casing Shoe					
Performicas									•		
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
											
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE					<u> </u>	· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after to	covery of sou	al volume	of lood o	nil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	s.)	
Date First New Oil Rua To Tank	Date of Test		<u></u>		Producing Me	thod (Flow, pu	mp, gas lift, et	c.)			
								Choke Size			
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	ing Test Oil - Bbls.				Water - Bbla			Gas- MCF			
Actual Front Doning 1 con	Oil - Boar										
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
								Choke Size			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Coco siza			
		ac: =		CTC				l			
/L OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
J hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JAN 2 4 1994						
is true and complete to the best of my knowledge and belief.					Date Approved						
	Daie	-thbiosec	<i>-</i>			 -					
Kreek Whensh / JdC						By ORIGINAL SIGNED BY JERRY SEXTON					
Signature JAMES COGBURN OPERATIONS COORDINATOR					By ORIGINAL SIGNED BY JERRY SEATON DISTRICT I SUPERVISOR						
JAMES COGBURN OPERATIONS COORDINATOR Printed Name Table											
01/21/94 (505) 391-1621								,. ,			
Dete		Telep	phone No)							

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.