

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

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

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. 30-025-32078
Address Box 1610, Midland, TX 79702
Reason(s) for Filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Operator ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain) _____
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Justis Unit "F" Well No. 260 Pool Name, including Formation Justis Blbry-Tubb-Dkrd Kind of Lease ☒ State ☒ Federal ☒ Other ☒ Lease No. NM-0766
Location Unit Letter N 100 Feet From The South Line and 1500 Feet From The West Line
Section 25 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? yes 12-12-93
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
|--|--|--------------------------------|--|-----------------------------|---|-----------|------------|------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | | |
| Date Spudded <u>10-18-93</u> | Date Compl. Ready to Prod. <u>12-12-93</u> | Total Depth <u>6050</u> | | P.B.T.D. <u>5998</u> | | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>3052 GR</u> | Name of Producing Formation <u>Blbry-Tubb-Dkrd</u> | Top Oil/Gas Pay <u>5075</u> | | Tubing Depth <u>5983</u> | | | | |
| Perforations <u>5075-5960</u> | | | | | Depth Casing Shoe <u>6050</u> | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE <u>12-1/4</u> <u>7-7/8</u> | CASING & TUBING SIZE <u>8-5/8</u> <u>4-1/2</u> <u>2-3/8</u> | | DEPTH SET <u>1005</u> <u>6050</u> <u>5983</u> | | SACKS CEMENT <u>770</u> <u>1500</u> | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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.)
Date First New Oil Run To Tank 12-12-93 Date of Test 12-22-93 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test Oil - Bbls. 9 Water - Bbls. 41 Gas - MCF 46

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Ken W. Gosnell Agent
Printed Name Ken W. Gosnell Title
Date 1-18-94 Telephone No. 915 688-5672

OIL CONSERVATION DIVISION

Date Approved JAN 20 1994
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.