Submit 5 Copies
Appropriate District Office
DISTRICT I
F.O. Bost 1980, Hobbs, NM 88240

## State of New Mexico I Jy, Minerals and Natural Resources Departme

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

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

DISTRICT E P.O. Drawer DD, Assesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Country							Well	Wall API No.				
Operator ARCO OIL & GAS COMPANY						30 025 <i>3208</i> /						
Address					00040				-	_		
P. O. BOX 1710	HOBBS	, NEW	MEXI	.CO	88240	es (Please expl	ais)	<del> </del>				
Reason(s) for Filing (Check proper box) New Well		Change in	Тгальнос	ater of:		EASE A		AN OI	L TEST	ING		
·••	Recompletion Oil Dry Gas						ALLOWABLE OF 500 BBLS FOR					
Change in Operator Casinghead Gas Condensate					THE MONTH OF NOV. 93							
if change of operator give same		=										
and address of previous operator	A DIES E EC	CP										
L DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Inc.				ame, lockudi	TOTAL COMMISSION			Lease No.		mase No.		
Perso 1/mm					INERRY TURE DRINKARD			Federal or Fee				
Location						_				_		
Unit Letter	: 159	70	Foot Fr	om The 🚅	604TH Lin	e and3 0	6 Fe	et From The.	WEST	Line		
Section 25 Township	. 25	S	Range	37	E .N	MPM,	L	EA		County		
Section 25 Township	,		Kauss									
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS		1.1	and the f				
Name of Authorized Transporter of Oil XXX or Condensate						Agents (Cite appress to which approves copy of the Jorna is no a seal)						
TEXAS NEW MEXICO PIPELINE COMPANY  Name of Authorized Transporter of Casinghead Gas X or Dry Gas						P 0 BOX 2528 HORBS, NEW MEXICO 88241  Address (Give address to which approved copy of this form is to be sent)  P.U. BOX 1226 Jal, N.M. 88252						
ms of Authorized Transporter of Casinghead Gas X or Dry Gas TEXACO EXPLORATION & PRODUCTION CO.					P.O. Box 1226 Jal, N.M. P. O. Box 3000 Tulsa.			. 88252 Ok. 74102				
Y well produces oil or liquids,	Unit	Sec	Twp	Rge.				es 1				
give location of tanks.	<u>i</u> 1		L		Yes			11/14	73			
If this production is commingled with that I	rom any oth	er lease or	pool, giv	ve comming	ing order sum	ber:				<u></u>		
IV. COMPLETION DATA	<del></del>	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	1			İ	<u>i</u>	<u> </u>	Ĺ	<u> </u>			
Date Spudded	Date Comp	pl. Ready w	Prod.		Total Depth			P.B.T.D.				
	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)												
Performions					<u> </u>			Depth Casin	g Shoe			
								<u> </u>				
	TUBING, CASING AND				CEMENTING RECORD DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE				DEP IN SET			0.10.10.00				
	<del> </del>			·								
	<u> </u>							<del> </del>				
			ADIE		<u> </u>			1				
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR A	LLUW.	ABLE Allord	ail and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)		
OIL WELL (Test must be after re Date First New Oil Rua To Tank	Date of Te		9		Producing M	ethod (Flow, p	urup, gas lift, i	sc.)				
par in in or in in in								Choke Size	Choke Size			
Length of Test	Tubing Pressure				Casing Pressure			CBOAL SILE				
	Oil Dhia				Water - Bbis.			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.											
GAS WELL	<del></del>					. — . —						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	mie/MMCF		Gravity of	Condensate			
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)												
	<u> </u>		~	ICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
VL OPERATOR CERTIFIC	ATE OF	COMI	LIAD	NCE	1 (	OIL COM	<b>NSERV</b>	ATION	DIVISIO	ON		
I hereby cartify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					I							
is true and complete to the best of my knowledge and belief.					Date Approved NOV 0.2 1993							
flern Cappen					By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR							
JAMES COGBURD OPERATIONS COORDINATOR												
Printed Name	(E05)	201 1	Title		Title					-vr		
11/1/73	(303)	391-1	ephone N	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) FIII 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.