

Submit 5 Copies  
Departmental District Office  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

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

DISTRICT VII  
300 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO Oil & Gas Company Well API No. 30-023-02080  
Address Box 1610, Midland, TX 79702

Reason(s) for Filing (Check proper box) ☒ Other (Spec)  
New Well ☒ Change in Transporter of: ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐  
Change in Operator ☐

If change of operator give name  
and address of previous operator

ILLEGIBLE

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Justis Unit "E" Well No. / Pool Name, including Formation 162 Justis Elbry-Tubb-Dkrd Kind of Lease State/Federal for Fee Lease No. NM-0766  
Location Unit Letter E 1750 Feet From The North Line and 1150 Feet From The West Line  
Section 13 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)  
Tex-New Mex Pipeline Box 2528, Hobbs, NM 88240  
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 ESP 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 1-24-94

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	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
<u>11-8-93</u>	<u>1-24-94</u>	<u>6050'</u>		<u>6017'</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
<u>3087' GR</u>	<u>Blbry-Tubb-Dkrd</u>	<u>5104'</u>		<u>5971'</u>				
Perforations	Depth Casing Shoe							
<u>5104-5933'</u>	<u>6050'</u>							

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4</u>	<u>8-5/8</u>	<u>991'</u>	<u>770</u>
<u>7-7/8</u>	<u>4-1/2</u>	<u>6050'</u>	<u>1500</u>
	<u>2-3/8</u>	<u>5971'</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 1-24-94 Date of Test 2-4-94 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. 16 Water - Bbls. 16 Gas - MCF 21

GAS WELL  
Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate   
Testing Method (pucl, 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.

Ken W. Gosnell  
Signature Ken W. Gosnell Agent  
Printed Name 2-9-94 915 688-5672  
Date  Telephone No.

OIL CONSERVATION DIVISION

FEB 11 1994

Date Approved   
By Paul J. Smith Geologist  
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.