Subject 5 Copies
Appropriate District Office
plant (CF)
F.O. Box 1960, Holde, No.

Fnergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RICT III Rio Brazos Rel, Assec, NM 87410

HTT B HTTPE DO, Astoda, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openier						7 7 7	AM VI IM			
ARCO OIL & GAS CO					30 025 32083					
Address										
P. O. BOX 1710		, NEW MI	EXICO	88240					·	
Rescon(s) for Filing (Check proper hos)				-	es Please expla					
New Well		Change in Tra					00 bbls t			
Recompletion U	Oil Curiosber	IGM C	y Cas U	al. 199		or the	month of	Febru	ary	
Change in Operator L. I change of operator give same	CHINEDER		~~~~~ <u> </u>	195	74					
ad address of pervious operator									·····································	
L DESCRIPTION OF WELL	AND LEA	SE								
Lease Name			ol Name, Includ	ing Formation			Less	L	ease No.	
SOUTH JUSTIS UNIT	-11 E 11	162	IUSTIS BL	INERRY T	IIBB DRIN	CARD	Pederal or Pee	NM-0	766	
Location										
Unit Letter _E	_ :_1750	Po	at From The $_{ m N}$	orth Lin	and115	0R	et From The	West	Line	
12 -	. 15	c -	27	F		•	EA		6	
Section 13 Towns	nip 25	<u> </u>	age 37	<u> </u>	vPM,	با ب	CA.		County	
II. DESIGNATION OF TRAI	NSPORTE	R OF OIL	AND NATU	RAL GAS						
hame of Authorized Transporter of Oil		or Condensate		Address (Gin	e address to wh	ch approved	copy of this for	H M OI W	pe()	
TEXAS NEW MEXICO PIPELINE COMPANY							NEW MEXICO 88241			
Name of Authorized Transporter of Casi	nghead Gas	X or	Dry Cas				copy of this form			
SIPARICHARDSON CA		DSAFYA E	····	1P. O. B	ox_3000_	Tulsa,	<u>.0k7410</u>	2		
I' well produces oil or liquids, ive location of trains.		Sec. To	•	is gu schuit	y condected?	When	7 02/03/9	/1		
this production is commingled with the	JJ		55 37E	Yes	er:		04/03/9	-		
V. COMPLETION DATA	rous my out	. m.s. or poo	· B. · · · · · · · · · · ·	and Ather Britis						
T. Chim man a con a little		Où Well	Gas Well	New Well	Workover	Decpes	Plug Back S	ume Res'Y	Diff Res'v	
Designate Type of Completion	· (X)	i .	i	<u>i</u> i					<u>i</u>	
Date Spudded	Date Compl	Ready to Pro	4.	Total Depth			P.J.T.D.			
	<u> </u>				5	.				
Develops (DF, RKB, RT, GR, etc.)	tice	Top Oli Gus Pay			Tubing Depth					
w/cretices							Depth Casing Shoe			
	π	UBING. CA	ISING AND	CEMENTO	NG RECORD)				
HOLE SIZE		NG & TUBIN			DEPTH SET		SA	CKS CEM	ENT	
							ļ			
			 						 	
				<u> </u>			<u> </u>			
. TEST DATA AND REQUE	ST FOR A	LLOWARI	LE	L						
IL WELL (Test must be after	ncovery of low	al volume of lo	od oil and must	be equal to or	exceed top allow	able for this	depth or be for	full 24 hour	73.)	
ate First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pur	φ, gas lift, a	(1)			
					Casing Pressure			Tout e		
ength of Test	Tubing Press	Tubing Pressure			A		Choke Size			
				Water - Bola			Cas- MCF			
coust Prod. During Test	Oil - Bbis.			M BEST + DOUR						
				L						
GAS WELL				Bola Condens	nte/MAN		Gravity of Cos	denema		
count Froil Yest - MCF/D	League of To	Length of Test			HER IVENTOR		CHETRY OF CONCESSION			
ting Method (pilot, back pr.) Tubing Pressure (Shut-in)			E .	Casing Pressure (Shut-in)			Choke Size			
and another flames and last		·- ,	-	_						
L OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE			05511	710110			
I bereby certify that the rules and regul				l C	NL CON	SEHVA	ATION D	IVISIO	N	
Division have been complied with and that the information given above							اسخ. د		27	
is true shill complete to the best of my knowledge and belief.					Date Approved			FED 1534		
K. 11 m	, , , <u>,</u> , , A		:		• •					
Rulle W. Musish					By ORIGINAL SIGNED BY JERRY SEXTON					
Kellie D. Murrish	Re	cord Cle	rk II		DIST	nct i sul	PERVISOR			
Printed Name		Thus		_elhT				·		
02/04/94	(505) 3°	91-1649 Telephon	- No.						-	
		1 and trees	- 170	i						

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.

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.

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OCD HUBBS