

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

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

DISTRICT III
3000 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. 33-425- 32085

Address Box 1610, Midland, TX 79702

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

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Justis Unit "C" Well No. 160 Pool Name, including Formation Justis Blbry-Tubb-Dkrd Kind of Lease State (Federal or Fee) Lease No. LC-060944
Location Unit Letter G 1500 Feet From The North Line and 2250 Feet From The East Line
Section 14 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
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? yes When? 2-1-94

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>11-27-93</u>	<u>2-1-94</u>	<u>5650'</u>	<u>5604'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3124' GR</u>	<u>Blbry-Tubb-Dkrd</u>	<u>5149'</u>	<u>5578'</u>					
Perforations			Depth Casing Shoe					
<u>5149-5588'</u>			<u>5650'</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>1012'</u>	<u>770 sx</u>
<u>7-7/8</u>	<u>4-1/2</u>	<u>5650'</u>	<u>1500 sx</u>
	<u>2 3/8</u>	<u>5578</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 2-1-94 Date of Test 2-9-94 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. 9 Water - Bbls. 0 Gas- MCF 3

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (plot, 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 2-11-94 Title
Date 915 688-5672 Telephone No.

OIL CONSERVATION DIVISION

Date Approved Feb 11 1994
By _____ Orig. Signed by Paul Kautz
Title _____ Geologist

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.