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State of New Mexico Energy, Minerais and Natural Resources Department

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

ADDITION SEE DISTINCT OFFICE

2.5 TRICT:

3.0. Box 1980, Hobbs, NM 88240

DISTRICT II ? O. Drawer U.D. Arlema, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088										
DISTRICT III 1000 Rio Brazos Kd., Azzec, NM 87410		anta Fe. New N									
I.		OR ALLOWA ANSPORT C				<u>S</u>					
ARCO Sil & Gas Company				Veil API No. 30 - 112 5 - 32086							
Address Box 1510, Midland	, TM 79702									_	
Reason(s) for Filing (Check proper box) New Well	Change 1	n Transporter of:		Ot her (Plea	se explan	R.				_	
Recompteuon	Oil	Dry Gas									
Change in Operator	Casinghead Gas	Condensate									
If change or operator give name and address or previous operator	<u> </u>									_	
II. DESCRIPTION OF WELL		Pool Name, includ	des Comerc			Vind	of Lance		. N	_	
South Justis Unit		Justis	3		د. د مد دا ت	Canan	of Lease Federal or Fe		-060944		
Location	<u> </u>	Justus_	<u> </u>	<u> upu-</u>	<u> </u>			10-	000944	-	
Unit Letterii	170.0	_ Feet From The $\frac{N}{N}$	orth I	ine and	1100) Fe	et From The	East	Line		
Section 14 Townshi	25 - S	Range 37-E	· · · · ·	NMPM,	- _ea		 		County	_	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	JRAL GA	S							
Name of Authorized Transporter of Oil	or Conde							form is to be s	ent)		
Tex-New Mex Pipeli Name of Authorized Transporter of Casin		or Dry Gas	Box Address (<u>2528 ,</u>	Hob	bs, N	M 8824	0	ma) 7410	_	
Sid Richardson Gas	oline/Texac	O E&P Co.) /410) Tulsa		
If well produces out or liquids, give location of tanks.	Unit Sec.		. i is gas actu	ally connec	uea?	When	? 1-16-		Lituisa	ا ا	
If this production is commingled with that	from any other lease or	DOOL GIVE COMMING	yes	mher						_!	
IV. COMPLETION DATA	nom any other rease or	poor, give continuing	hing order in	unoer.						-	
Designate Type of Completion	- (X) Oil Well	Gas Well	New We	II Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compi. Ready to	Prod.	Total Dept	h I			P.B.T.D.	(22-		+	
12-6-93 Elevauons (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil Gas Pay			<u> </u>	6008'				
3110' GR	Blbry-Tubb		5131'			Tubing Depth 5976 *					
Perforations 5131–5958 '							Depth Casing Shoe				
TUBING. CASING AND				CEMENTING RECORD						-	
HOLE SIZE	CASING & TU	DEPTH SET				SACKS CEMENT					
12-1/4	8-5/8	1018'				770					
7-7/8	$\frac{4-1/2}{2}$		6050 '				50		-		
	2-3/8	· · · · · · · · · · · · · · · · · · ·		3976	-	 -,_				-	
V. TEST DATA AND REQUES										_	
OIL WELL Test must be after re Date First New Oil Run To Tank	Date of Test	of load oil and must	Producing I					for full 24 hou	3.)	7	
1-16-94	1-26-94	Pump		rw. pumb	. gas iņi. ei	.C.)					
Length of Test	Tubing Pressure	Casing Pressure				Choke Size					
24 hrs Actual Prod. During Test	Oil - Bbls.						Gas- MCF				
neum 1100 During 1000	5		Water - Bb	0			12	2		İ	
GAS WELL										<u>د</u>	
Actual Prod. Test - MCF/D	Length of Test	•	Bbls. Cond	ensate/MM(F	 .	Gravity of C	ondensate		7	
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)		Casing Pres	Casing Pressure (Shut-in)			Choke Size				
	<u> </u>		!	···							
VI. OPERATOR CERTIFICATE OF COMPLIANCE				OIL CONSERVATION DIVISION							
I hereby cerufy 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.				Date ApprovedFE6 3 1994							
Ven av Sosnell				By ORIGINAL SIGNED BY JERRY SEXTON							
Signature Ken W. Gosnell Agent							SUPERVISO			•	
Printed Name Title)							
1-31-94 Date	915 688- Teles	5672 shome No.								•	
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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.
- 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.