Submit 5 Cooles Appropriate District Office 2.O. Box 1980. Hobbs. NM 88240

## State of New Mexico Energy, Minerais and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

ī.	11200	TOTRA			LAND				1014				
Operator		: 0 1117	1101	2111 01	LAND	11/1/01	.,	<u> </u>	Well A	API No.		<del></del>	
ARCO Oil & Gas Co						30-025-32305							
Address				<del> </del>									
Box 1610, Midland	, TX 7	9702											
Reason(s) for Filing (Check proper box)					_	Other (Pl	ease es	крши)					
New Well		Change in											
Recompletion	Oil	_ =	Dry Gas	~-									
Change in Operator	Casinghea	d Gas :	Condens	nie									
and address of previous operator										· · · · · · · · · · · · · · · · · · ·			
IL DESCRIPTION OF WELL	AND LEA	ASE											
Lease Name		ding Formation					f Lease		ease No.				
South Justis Unit	"E"	150	Jus	tis 1	Blbry	-Tubb	n-Dk	crā	State.	Federal or Fe	* NM-	0766	
Location		_			_								
Unit LetterD	_ :200	0	Feet Fro	$oldsymbol{m}$ The $oldsymbol{-}^1$	North	Line and		1200	F <del>a</del>	et From The	Wes	t Lin	ie.
12 -	250	-					<b>-</b>						
Section 13 Townshi	ip 259	5	Range	3,	7 E	, NMPM,	<u> </u>	Lea		<del></del>		County	
III. DESIGNATION OF TRAN	ISPORTE!	R OF O	II. ANT	NATT	IRAL G	AS							
Name of Authorized Transporter of Oil	<b>x</b>	or Conden					r <b>ess</b> 10	which a	oproved	copy of this	form is to be a	eni)	
Tex-New Mex Pipeli	ne				Box	2528	, н	lobbs	. NI	1 8824	0	·	
Name of Authorized Transporter of Casia		$\Box$ X	or Dry C		Address	(Give add	ress 10	which a	oproved.	copy of this	form is to be a	741	02
Sid Richardson Gase			0 E&	P Co.	<u>. Box</u>	1226	<b>,</b> J	al N			0x 3000	).Tuls	a,
If well produces oil or tiquids, zive location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas ac		ected?	?	When		0.4		
f this production is commingled with that	<u> </u>		<u> </u>		ve					2-15-	-94		
V. COMPLETION DATA	Hom any our	EL ICHIE OF	poor, give	COMMITTER	ting order	number.				<del></del> -		-	
		Oil Well	G	as Well	New V	Vell Wo	rkover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	X			x				,	6 2		j i ker	
Date Spudded	Date Comp	i. Ready to	Prod.		Total De	puh				P.B.T.D.	<u> </u>	<del></del>	
1-12-94		-15-94			- A1	60	50 <b>'</b>			·····	6003 <b>'</b>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr			_	Top Oil	-	13'			Tubing Dep	5969 <b>*</b>		
3095 GR Perforations	Blbry-	-Tubb	-Dkr	<u> </u>		٦١	10			Death Cod			
5113-59	9681									Depth Casii	6050 1		
J113 J.		TIRING	CASIN	G AND	CEMEN	JTING F	FCO	OBD.					
HOLE SIZE		SING & TU			CEMENTING RECORD DEPTH SET						SACKS CEM	FNT	—
12-1/4		3 <b>-</b> 5/8			980					770			
7 <b>-</b> 7/8	*	4-1/2			6050					1500			
		2-3/8			5969								
V. TEST DATA AND REQUES								,, ;,	£ .1:				
OIL WELL  Test must be after n  Date First New Oil Run To Tank	Date of Test		of load ou	i ana musi		g Method (	•				jor juli 24 nou	rs.)	
2-15-94	2-25-94				Pump					•.,			
Length of Test	Tubing Pres	sure			Casing P	ressure				Choke Size			
24 hrs													
Actual Prod. During Test	Oil - Bbls.				Water - i					Gas- MCF	(2		
		36				2	:0				63		
GAS WELL													
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Co	ndensate/M	MCF			Gravity of C	Condensate		
	· · · · · · · · · · · · · · · · · · ·												
esting Method (puot, back pr.)	Tubing Pres	isure (Shut-	·in)		Casing P	ressure (Sh	ut-in)		'	Choke Size			
VI. OPERATOR CERTIFIC				CE		Oli	CO	NSE	RVΔ	TION	DIVISIO	M	
I hereby cerufy that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above						OIL CONSERVATION DIVISION MAR 03 1994							
is true and complete to the best of my knowledge and belief.						nto ^	~ r~ · ·	~ d		MAK	03 199	4	
n/	1					ate Apr	الان ار	eu _					
Ken W Losnell	/				B								
Signature						/ <del></del>	BIGIA	MAI CIA	SMED	DV IEDNY	CEVEAN		
Printed Name  Title					ORIGINAL SIGNED BY JERRY SEXTON  Title DISTRICT I SUPERVISOR								
3-1-94	915	-88ع	5677	2.	II II	tle		-1011		A. FUAISC	F1\		
Date			phone 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) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- م تنسب رح ـ 104 m ner he filed for