P.O. DIEVEL DO, Asterla, NM 8210

DISTRICT III
1000 Rio Beasse RA., Assec, NM 87410

JIL CONSERVATION DIVISIC P.O. Box 2088 Santa Pe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS WALAPING.

| ARCO OIL & GAS COMPANY | | | | | | | 30 025 32305 | | | | |
|--|--|-----------|-----------|----------|--|----------------------------|---------------------|--|------------------------|--|--|
| P. O. BOX 1710 | HOBBS, | NEW N | MEXIC | 0 | 88240 | | | | | | |
| Rescus(s) for Filing (Check proper los) New Well Recompletion Change in Operator | Change is Transporter of: Oil Dry Oss Casinghesid Gas Condensate | | | | P1 | | ign a 5 | 00 bbl testing allowable February 1994. | | | |
| if change of operator give same and address of pervious operator | <u></u> | | | | | | | | | | |
| IL DESCRIPTION OF WELL | AND LEAS | E | | | | | Tin.4 | dieses | | man Na | |
| SOUTE JUSTIS UNIT | | 150 | | | ing Formation INERRY 1 | TIRR DRIN | O Ma | Pederal or P | | | |
| Location Unit LotterD | :200 | F | Post Proc | The N | orth Lin | e and12 | .00 p | ect From The | West | Line | |
| Section 13 Township | 25 S | | Range | 37 | E ,N | MPM, | 1 | EA | , - , - , - | County | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | | | |
| Name of Authorized Transporter of Oil XXX or Condenses Address (Give address to which approved copy of this form is to be sent) TEXAS NEW MEXICO PIPELINE COMPANY P O BOX 2528 HOBBS, NEW MEXICO 88241. | | | | | | | | | | | |
| Name of Authorized Transporter of Casing | head Cas | <u> </u> | x Dry O | | Addres /Ch | 1226 to 1 | at epopping | (cop 8/252 | form is to be se | | |
| SID RICHARDSON CAR | PROBIL | | Nya I | Rgs | P. O. P | lox_3000_ ly connected? | Tulsa, | Ok. 74 | 102 | ······································ | |
| pive location of teaks. | imil | 2 13 | 255 | 376 | Yes | | 0 | 2 - 24-94 | | · · · · · · · · · | |
| t this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA | | | | | | | | | | | |
| Designate Type of Completion | | Nell Well | G. | s Well | New Well | Workover | Decpes | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compt. Ready to Prod. | | | | Total Depth | | | P.J.T.D. | | | |
| Devations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Cil/Cau Pay | | | Tubing Dep | Tubing Depth | | |
| Perforations | | | | | l | | | Depth Casing Shoe | | | |
| TUBING, CASING AND | | | | | CEMENTI | NG RECOR | D | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be ofter to | T FOR AL | LOWAL | BLE | and must | be enal to or | exceed top allo | rwable for th | is depth or be | for full 24 hour | | |
| Date First New Oil Rus To Task | Date of Test | | | | Producing M | ethod (Flow, p | mp, gas lift, | esc.) | | | |
| Length of Total | Tubing Pressure | | | | Casing Pressure | | | Choka Size | | | |
| Actual Prod. During Test | Oil - Bbis. | | | | Water - Bbia. | | | Gas- MCF | | | |
| | | | | | | | | <u> </u> | | | |
| GAS WELL AGAIN FROM YOR - MCF/D | Length of Test | | | | Bbls. Condensate/MMCP | | | Gravity of Condensate | | | |
| rating Method (pilot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| L OPERATOR CERTIFICATE OF COMPLIANCE | | | | | | | SEDV | ATION | ATION DIVISION | | |
| J hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | | | IOLI14 | | FEB 2 8 1994 | | |
| is true and complete to the best of my knowledge and belief. | | | | | Date Applotos | | | | | | |
| Run W. Meuris | | | | | By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR | | | | | | |
| Kellie D. Murrish Record Clerk II Printed Name Title | | | | | Title | · | | | , era | | |
| 02/25/94 Date | (505) 39 | | om Na. | | | | | | | | |
| ter en | • | | | أحبينين | الجناب ويبيل | والماسيين | | | | | |

- 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.
 Pill 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.