

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1900 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator ARCO Oil & Gas Company Well API No. 20-025-32409
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 Well No. "F" 194 Pool Name, including Formation Justis Blbry-Tubb-Dkrd Kind of Lease State/Federal or Fee Lease No. LC-032650-B
Location Unit Letter B 1100 Feet From The North Line and 1350 Feet From The East Line
Section 24 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
Tex-New Mex Pipeline
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? When?
yes 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 <u>1-1-94</u>	Date Compl. Ready to Prod. <u>2-1-94</u>	Total Depth <u>6050'</u>	P.B.T.D. <u>6014'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3072' GR</u>	Name of Producing Formation <u>Blbry-Tubb-Dkrd</u>	Top Oil/Gas Pay <u>5095'</u>	Tubing Depth <u>5997'</u>					
Perforations <u>5095-5978</u>	Depth Casing Shoe <u>6050</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>1015'</u>	<u>600</u>				
<u>7-7/8</u>	<u>4-1/2</u>		<u>6050'</u>	<u>1500</u>				
	<u>2-3/8</u>		<u>5997'</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. 21 Water - Bbls. 31 Gas - MCF 47

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (puot, 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

Printed Name

2-11-94

Date

Agent

Title

915 688-5672

Telephone No.

OIL CONSERVATION DIVISION

FEB 21 1994

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

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.