		-							
	DISTRIBUTION)	EW HEVIOLOGIA .						
	SANTA FE / NEW MEXICO OIL C					Supe	0-134 esetis 601 (1705) (+ 174)		
	U.S.G.S. AUTHORIZATION TO TRAI				out the same				
	LAND OFFICE	AGINORIA	ZATION TO TRA	ANSPUR I	OIL AND IN	VIOKYL C	423		
	TRANSPORTER GAS	1	(50)	•	4 5. 25				
	OPERATOR /	1		• .	RPR	- 5 (3) 3			
I.	PRORATION OFFICE								
	Division of Atlantic Richfield Company ARTOSIA, ERRODA								
	P. O. Box 1710	, Hobbs, New	Mexico 8824	0				•	
	Reason(s) for filing (Check proper box) Change in Tra			Other (Please	•			
	Recompletion	Oil	Dry Go	·s 🔲	_	n Operato e: 4-1-7			
	Change in Ownership	Casinghead G	as Conde	nsate				<u> </u>	
	If change of ownership give name and address of previous owner			:	· · · · · · · · · · · · · · · · · · ·	·····			
11.	DESCRIPTION OF WELL AND	LEASE							
	Lease Name	34,1713	Well No. Pool No	. ,	· \		Kind of Leas		
	Location A		24 FR	2N (SI	<u> </u>		State, Federa	al cr Fee Fe deRAl	
	Unit Letter C : 9	90 Feet From TI	he NORth Li	ne and	50	_ Feet From T	he WEST	<u> </u>	
	Line of Section /9 . Tov	waship 175	Range 3	i E	, NMPM,	ح م	'dv	County	
111	DESIGNATION OF TRANSPORT	TED OF OU AV					7		
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent)								
	SI - NONE Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)								
	None								
	If well produces oil or liquids, Unit Sec. Twp. P.ge. Is gas actually connected? When give location of tanks.								
	If this production is commingled wit	th that from any ot	ther lease or pool,	give commi	ngling order	number:			
IV.	COMPLETION DATA	OII W	ell Gas Well	New Well	Workover	Deepen	Plug Beck	Same Resty. Diff. Resty	
ŧ	Designate Type of Completic	Date Compl. Read	u to Dead	Total Dept	<u>;</u>	¦·			
	No Change	Dute Compt. Redd	y to Proa.	1 otat Dept	n.		P.B.T.D.		
	Pool	Name of Producing	Top Oll/Gas Pay			Tubing Dopth			
	Perforations Depth Casing Shoe								
		TUB	ING, CASING, AN	CEMENT	ING RECORE)	L		
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SA	CKS CEMENT	
							<u> </u>		
		ļ							
v.	TEST DATA AND REQUEST FO	OR ALLOWARL	E (Test must be a	fer recovery	of total value	e of land oil o	i.	ual to or exceed top allow	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	able for this de	pth or be for	full 24 hours	pump, gas lif		mi to or exceed top attou	
	No Change					, gas 1.,			
•	Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
	Actual Pred. During Test	Cil-Bbls.		Water-Bbis.			Gas-MCF		
					-		<u> </u>		
	GAS WELL Actual Prod. Test-MCF/D Length of Test			Tail a				·	
	Actual Prod. 1est-MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pre	Ssure	·	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION					
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				APR 6 - 1979				
					APPROVED 19 19				
				BY	- SUPERVISOR, DISTRICT II				
				TITLE					
1	Dione V. Rocks			11	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
	District Prod & Drlg Supt.			well, th	well, this form must be accompanied by a tanulation of the devisation tests taken on the well in accordance with RULE 111.				
	(Title)			All sections of this form must be filled out completely for allow- able on new and recompleted wells.					

3-27-79

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.