	No. ar for an Appenigo /	+		
j	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form (3-404
F	SANTA FE /	. REQUEST FOR ALLOWABLE		Supersedes Old C-104 and [-]] Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	
-	IRANSPORTER GAS 2			RECEIVED
1.	OPERATOR / PRORATION OFFICE			MAR 1 4 1979
	ARCO Oil and Gas Company - Division of Atlantic Richfield Company Address			O. C. C.
	P. O. Box 1710, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	ETTECTIVE: 4-T-	
	f change of ownership give name nd address of previous owner			
	DESCRIPTION OF WELL AND	LEASE Well No. Follows	Township Townships and M	
	Fren Oil Co. Corr. 21 Cevan Lake to State, Federal or Fee Federal			
	Unit Letter N ; 5.	60 Feet From The South Liv	ne and <u>3350</u> Feet From	n The East
L	Line of Section 19, To	wnship 175 Fange	31E , NEPM,	Elly County
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	roved copy of this form is to be sent)
	The German) C	mora tim	PO Box 1183. Hous	Tow lexas 77001
	Name of Authorized Transporter of Ca	singtead Gas cr Dry Gas	Address (Give address to which app	roved copy of this form is to be sent;
	If well produces oil or liquids,	Unit Sec. Twp. Rge	Is gas actually connected	Mon (1995 7700)
<u> </u>	give location of tanks.	0 19 17 31	yea!	12-1-65
IV.	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Weil Gas Well New Weil Workover Deepen Plant Back Same Besty Diff Basky			
	Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
i	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
_	No Change	Name of Producing Fermation	Top Otl/Gas Pay	Tubing Depth
-	Perforations			Depth Casing Shoe
_				
-	HOLE SIZE	TUBING, CASING, AND	O CEMENTING RECORD OPPTH SET	SACKS CEMENT
		0.00110 0 1001110 0.120	OLF TH SET	SACKS CEMENT
-				
_0	TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
-	No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size
-	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MOF
<u> </u>	GAS WELL			
_	Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate
<u></u>	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
vi. c	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
С	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.		APPROVED APR 1 9 1979 , 19	
ai	pove is true and complete to the	e pest of my knowledge and belief.	TITLE SUPERVISOR, DI	STRICT II
	11 11 11 11 11		This form is to be filed in compliance with RULE 1104.	
	Derry W. Rocks (Signature)		If this is a request for allowable for a newly drilled or deepened	
_	District Prod & Drlg Supt.		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
	3-7-79 (Ti	ile;	able on new and recompleted t	wells.
		7(*)		I, and VI only for changes of owner, orter, or other such change of condition-

(Date)

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 conditions. Separate Forms C-194 must be filed for each pool in multiple