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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

JUL 7 1969

J. D. E.  
ATTORNEY AT LAW

Operator Atlantic Richfield Company		
Address P. O. Box 1978, Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	change in lease name from Hinkle A Well #4 to East Shugart Unit Well #25 effective 7-1-69
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE		unitization # 14-08-001-11572	LC 029392(a)
Lease Name East Shugart Unit	Well No. 25	Pool Name, including Formation Shugart Y 7R, Q.G.	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter M	990	Feet From The South	Line and 330
Line of Section 35		Township 18S	Range 31E
		NMPM,	Eddy
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	Phillips Bldg, Odessa, Texas
If well produces oil or liquids, give location of tanks.	Unit L
	Sec. 35
	Twp. 18S
	Rge. 31E
	Is gas actually connected? yes
	When 11-2-59

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
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
	DEPTH SET
	SACKS CEMENT

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

A. D. Kloxin A. D. Kloxin  
(Signature)  
Dist. Prod & Drlg Supt.  
(Title)  
July 2, 1969  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JUL 8 1969, 19  
BY W. A. Gressett  
OIL AND GAS INSPECTOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened 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 allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.