NO OF COPIES RECEIVED 5					
DISTRIBUTION					
MANTATE					
1161		/-			
U.S.G.S.					
LAND OFFICE			i		
FRANSPORTER	OIL	7			
	GAS	1			
OPERATOR					
PRORATION OFFICE					

MANTATE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NA	TURAL GAS		· ·
OIL /			1 88 mm	<i>5</i> +	
GAS /			n e		
OPERATOR /	_				
perator perator			<u>2</u>	*	
Atlantic Rich	field Company		\$.T.	· :	
	swell, New Mexico				
Reason(s) for filing (Check proper billion)	Change in Transporter of:	Other (Please ex	splain)		
Recompletion	O1l Dry Ga	s 🔲			1
Thrange In Ownership	Casinghead Gas Conden	isate			
change of ownership give name nd address of previous owner			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
ESCRIPTION OF WELL AND	D LEASE.  Well No.   Pool Name, Including Fe	ormation K	ind of Lease		Lease No.
<del>L.M.</del> Swearingen B	6 Shugart-Que	een s	tate, Federal or Fee	Federal	047633 (1
Location  Unit Letter M ;	990 Feet From The South Lin	e and 990	Feet From The W	est	
1.4	Cownship 18S Range	31E , NMPM,	Eddy		County
	RTER OF OIL AND NATURAL GA				
Name of Authorized Transporter of C Texas-New Mexico		Address (Give address to to P.O. Box 1510			be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to	which approved copy	of this form is to	
Phillips Petroleur	Unit Sec. Twp. P.ge.	Phillips Build  Is gas actually connected?		ssa, Texa	as
If well produces oil or liquids, give location of tanks.	G 14 18S 31E	No	Vente	d Tempora	arily
this production is commingled to COMPLETION DATA	with that from any other lease or pool,	give commingling order n	umber: CTB-	156	······
Designate Type of Comple	tion - (X)	New Well Workover	Deepen Plug E	Back   Same Res	v. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T	,D.	
1-30-67	2-13-67	3479	3479 3451		
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay 3397		bing Depth 3368	
3702 DF	Queen	3397	Depth	Casing Shoe	
3397-3405 w/2JSP	r (16 holes)			3479	
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
$\frac{12 \ 1/4}{7 \ 7/9}$	8 5/8	767.65		<u>437</u> 300	
7 7/8	$\frac{4}{2} \frac{1/2}{3/8}$	3478.90 3368.00		300	
TEST DATA AND REQUEST		fter recovery of total volume pth or be for full 24 hours)	of load oil and must	t be equal to or e	xceed top allow-
OII, WELL Pate First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.)		
2-17-67	3-7-67	Rod Pump			
Length of Test	Tubing Pressure	Casing Pressure	Choke	Size	
18 Hours	0	O Water-Bbls.	Gas - 1	2"	
Actual Prod. During Test	Oil-Bbls.	2/10%		Not Msd.	
		2/10/6		NOC MSQ.	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravi	ty of Condensate	
				·	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	Choke	Size	
CERTIFICATE OF COMPLIA	NCE	MΔ	NSERVATION R 9 1967		
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given		APPROVED IN PRODUCTION OF THE PROPERTY OF THE			
pove is true and complete to the best of my knowledge and belief.		TITLE OIL AND GAS INSPECTOR			
		This form is to b		nce with BULF	1104,
/ /// O. D. Bretches   wash			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepene in		
(Si	gnature)	well, this form must tests taken on the we	he accompanied by	, a tabulation o	I the devisition
Mar CICC DITTITIO	Supervisor Title)	All sections of t	his form must be f	illed out comple	stely for allow
wardh 8, 1967	able on new and reco	etions I II III. I	and VI for char	nges (* 1987.)	
	(Date)	well name or number,	or transporter, or o	ther such chang	re of condition

Separate Forms C-104 must be filed for each pool in multiply completed wells.

(Date)