_	,	4.		
F	NO. OF COPIES RECEIVED 5			
Γ	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104
	SANTA FE /		Supersedes Old C-104 and C-116	
SANTA FE REQUEST FOR ALLOWABLE				Effective 1-1-65
AND				
-		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ELVED		
EAND OF FICE				
	TRANSPORTER OIL / GAS 1 14 10			14 14 1983
	OPERATOR 5.	C		
1.	PRORATION OFFICE			
	Operator ARTESIA, UFFICE			Presia. Herica
ı	Atlantic Richfield Company			
Ì	Address			
	P 0 Box 1978 Poetro	ell, New Mexico 88201		
P. O. Box 1978, Roswell, New Mexico 88201 Reason(s) for filing (Check proper box) Other (Please explain)				
j	े हिन	Change in Transporter of:	Office (1 tease explain)	
l	New Well X		r \	
	Recompletion	Oil Dry Gas		
1	Change in Ownership	Casinghead Gas Conden	sate	
•				
	If change of ownership give name			
,	and address of previous owner			
	DESCRIPTION OF WELL AND I	FACE	1830 B 1 1 1 1	
ш.,	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
			1	1411
	Panco Federal	3 Shugart-Queer	4 July, I edelar	9//9 <u>NM-2938</u>
	Location			
	Unit Letter E ; 189	O Feet From The North Line	e and <u>550</u> Feet From T	he West
	Line of Section 23 Tow	nship 18S Range 3	RIE , NMPM, I	Edd v County
ı	Line of Section 2.5 Township 100 Hange 111 7 Township 100 Hange			
		IED OF OUT AND MATTIRAL OF		
m.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Name of Asimothas Prompton			
	Permian Corp P. O. Box 3119, Midland, Texas		and, Texas	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	at 11 and an ail and tout do	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
	If well produces oil or liquids, give location of tanks.	E 23 18S 31E	No i	Vented Temp.
	<u> </u>	<u> </u>		
		h that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio		New Wett Workover Deeben	Flug Back Same Nes v. Din. Nes v.
	Designate Type of Completion	" - (A) X	' X ! ! !	! !
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	6-21-69	7-4-69	3501'	3472'
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	3685' DF	Queen	3397'	3401
		daeen	1 3371	Depth Casing Shoe
	Perforations			
	3397-3409 w/ 1 JSPF			3501.15'
		TUBING, CASING, AND	CEMENTING RECORD	1
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	121	8 5/8" 24#	798.99	400 SX
	7 7/8	4 2 ", 9.5 & 11.6#	3501.15	300 SX
	1 1/ 0	2 3/8	3401	
		~ J/ ~	†	:
		<u> </u>		<u> </u>
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow
	OII. WELL able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, eic./
	7-4-69	7-10-69	Rod Pump	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hours	20 lbs	20 lb	2"
		Cil-Bbls.	Water-Bbls.	Gas - MCF
	Actual Prod. During Test			44.5 MCF
	78	75	3-load water	1 77.0 P.10E
	GAS WELL			<u>,</u>
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
•	- daring manner (hund) and half		1	

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.

District Drilling Supervisor (Tule)

July 11, 1969 (Date)

ON CONSERVATION COMMISSION

14 196S APPROVED

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 on able on new and recompleted wells.

Fill out only Sections I II, III, and VI to well name or number, or transporter, or other such chang-

Separate Forms C-104 must be filed for the completed wells.