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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

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

I. Operator
Atlantic Richfield Company
Address 501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colorado 80295
Reason for filing (Check proper box) ☐ New Well ☐ Change In Transporter of: ☐ Oil ☐ Dry Gas ☐ Recompletion ☐ Casinghead Gas ☐ Condensate ☐ Change In Ownership ☐ Other (Please explain) Change lease name and well number per att'ed letter from Mr. P. T. Chavez, from Sapp Com., Well #1. Resurveyed - Change location per attached plat.
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Oxnard B W N Federal Com</u>	<u>1-A</u>	<u>Blanco Mesaverde</u>	<u>Federal</u>	<u>SF-078476</u>
Location <u>1500 1430</u>				
Unit Letter	<u>F</u>	<u>1520</u> Feet From The <u>North</u> Line and <u>1430</u> Feet From The <u>East</u>		
Line of Section	<u>14</u>	Township <u>27 North</u> Range <u>8 West</u> , NMPM, <u>San Juan</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS No change

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)	
<u>Plattman Inc</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas Co.</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA No change

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>5991' GR</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD <u>No change</u>								
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 No change

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.

M. S. Brown
M. S. Brown (Signature)
Ops. Info., Asst.
(Title)
May 8, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed
TITLE SECRETARY

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.