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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

Operator Atlantic Richfield Company, Successor by Merger to Sinclair Oil Corporation	
Address 501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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

Lease Name Oxnard WN Federal	Well No. 8	Pool Name, Including Formation So. Blanco-Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078476
Location Unit Letter "E" ; 1500 Feet From The North Line and 1100 Feet From The West Line of Section 13 Township 27 North Range 8 West, NMPM, San Juan 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)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks. None	Unit	Sec. Twp. Rge.
Is gas actually connected? No	When	Estimate 75 days.

If this production is commingled with that from any other lease or pool, give commingling order number: none

IV. COMPLETION DATA

Loggate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Drilled 5/29/69 (Studder)	Date Compl. Ready to Prod. 5/29/69	Total Depth 3100', Grd Meas.		P.B.T.D. 3065'				
Elevations (DF, RKB, RT, GR, etc.) 6639' Grd level	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2950' Fm (2964' perfs.)		Tubing Depth 2968'				
Perforations Pictured Cliffs - 2964-73', 2977-83', 2986-99' - 2 jets per foot		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 3100'				
HOLES SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	186'		150 Sx				
7-7/8"	4-1/2"	3100'		300 Sx				
	2-3/8"	2968'						

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 826	Length of Test 23 hrz	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 44 hr - 735#	Casing Pressure (Shut-in) 44 hr - 738#	Choke Size 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.

M. E. Brown
M. E. Brown (Signature)
Chief Office Clerk
(Title)
June 1, 1969
(Date)

OIL CONSERVATION COMMISSION
JUN 10 1969
APPROVED
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
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.