	and the state of t	·			1	
1	NO. OF COPIES RECEIVED	1			1	
	DISTRIBUTION	NEW MEXICO O	IL CONSERVATION (COMMISSION	Form C-104	
	SANTA FE		ST FOR ALLOWAE		Supersedes Old C-104 and (
	FILE		' AND		Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL Z	ND NATURAL G	AS	
	LAND OFFICE					
	TRANSPORTER GAS /					
	OPERATOR 2]				
1.	Operator Operator District on C. All Profits Dishelicald Company					
	ARCO Oil and Gas Company, Division of Atlantic Richfield Company Address 1860 Lincoln St., Suite 501, Denver, Colorado 80295					
	Reason(s) for filing (Check proper box,	te 501, Denver, Colora	JOHn (Please explain) Ff	20 11 11 12	
	New Well	Change in Transporter of:	ļ	151	Cfective 4/1/79	
	Recompletion	· · · · · · · · · · · · · · · · · · ·		med name for		
	Change in Ownership		Atlan	ntic Richfiel	d Company.	
	Change in Ownership	- Custinglicus Gus Gu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE. Well No.: Pool Name, Includi	ng Formitton	Kind of Lease	The state of the s	
	Lease Name	1		1		
	Hammond WN Fed.	3 Blanco Pict	tured Cliffs S.	State, Federal	or Fee Fed. NM 078480	
	Unit Letter G: 1850 Feet From The North Line and 1600 Feet From The East					
	Line of Section 35 Tov	wnship 27N Range	. W8	NMPM, S	an Juan County	
	Line of Section 30 Tov	visiip 2711 Hange	ON ,	51	un ouan count	
111.	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	El Paso Natural Gas Co			rmington, NM		
	If well produces oil or liquida,	Unit Sec. Twp. P.ge		nnected? whe		
	give location of tanks.	 	Yes		3-9-55	
	If this production is commingled with	th that from any other lease or p	ool, give commingling	order number:		
IV.	COMPLETION DATA	Oil Well Gas We	II New Well Work	over Deepen	Plug Back Same Res'v. Diff, Res'	
	Designate Type of Completic	$\operatorname{on} - (X)$		l I	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
					1 1	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!1/Gas Pay		Tubing Depth	
				·.		
	Perforations Depth Casing Shoe					
	TUBING, CASING, AND CEMENTING RECORD					
		1			SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEP	THSET	SACKS CEMENT	
			·			
v.	TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL Date of Test Date of Test Producing Methad (Flass, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test	Producing Methat	(Fluis, pump, gas lift	i, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
			Water - Bbls.		Gas MCF	
	Actual Prod. During Test	Oil-Bbls.	ndlet - Spie.		1 19 019 \	
	Actual Prod. Tost-MOF/D	Length of Test	Bbls. Condensate	∕ MMCF	Gravity of Condensate .	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure	(Ehut-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.

$\int_{\Omega} \Omega$	1	
1/1./(Coan	
	(Signature)	
Accounting Su	pervisor	

March 9, 1979

(Dote)

OIL CONSERVATION COMMISSION

APPROVED MAR 1 2 1979 Original Signed by A. R. Kendrick

STERVISOR DIST. 24 TITLE .

This form is is be filed in compliance with RULE 1104.

If this is a recount 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 NULE 111.

All sections of this form must be filled out completely for silow-able on new and su completed 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 conditi-

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