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U.S.G.S.			
LAND OFFICE		,	
TRANSPORTER	OIL	/	
	GAS	1	
OPERATOR		1	
BRODATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE / -	1	AND	Effective 1-1-65			
	U.S.G.S.	ALITHODIZATION TO TO	ANSPORT OIL AND NATURA	41.046			
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT UIL AND NATURA	AL GAS			
	OIL /	-					
	TRANSPORTER GAS /	-					
	OPERATOR /	1					
	PRORATION OFFICE						
1.	Operator						
	Atlantic Richfield Company						
	Box 2197 Farming	ton. New Marino					
	Reason(s) for filing (Check proper box	COME MAN HAVEO	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry G		ondensate only			
	Change in Ownership		nsate X by Plateau	facilities purchased			
	If change of ownership give name		To by Lineaga				
	and address of previous owner						
II.	DESCRIPTION OF WELL AND						
	Lease Name	Well No. Pool Name, Including F		Lease No			
	State "B" Gas Com	a l Basin Dakot	a-Dakota State, Fe	ederal or Fee State			
	Unit Letter N ; 97	Feet From The South Lin	ne and 1755 Feet F	rom The West			
	Line of Section 16 To	20sr -	100	***			
	Line of Section 16 To	wnship 29N Range	10v , NMPM, San	Juan County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	l s				
	Name of Authorized Transporter of Oil			pproved copy of this form is to be sent)			
	Plateau. Inc.		P.O. Box 108 Far	mington, New Mexico			
	Name of Authorized Transporter of Ca	singhead Gas 🔲 💮 or Dry Gas 🌋	Address (Give address to which a	pproved copy of this form is to be sent)			
	Southern Union Gat	thering Company	Fidelity Tower B	ldg., Dallas, Texas			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	give location of tanks.	N 16 29N 10W	Yes	11/24/61			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA						
	Designate Type of Completic	on - (X)	New Well Workover Deeper	Plug Back Same Restv. Diff. Rest			
			<u> </u>	l t l			
	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			
	The strong (DI, ARB, RI, GR, etc.)	Name of Froducing Formation	Top On/Gus Puy	Tubing Depth			
	Perforations		<u> </u>	Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be square a exceed top allo			
•	OIL WELL	able for this de	pth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	is lift, etc.)			
				1			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Start 25 % ()			
	Later Device Tree	Ou Phia	Water-Bbls.				
	Actual Prod. During Test	Oil-Bbls.	water-Bbis.	GON TON			
		1.	J				
	GAS WELL						
	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			
1 70	OPPRING AND OR COURT IN	OF.					
VI.	ERTIFICATE OF COMPLIANCE		OIL CONSER	RVATION COMMISSION			
	• • • • • • • • • • • •		APPROVED	MAR 2 5 1970			
	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.						
			By Original Signed by Emery C. Arnold				
			TITLE SUPERVISOR DIST. #3				
	BASA	MALL	11	in compliance with RULE 1104.			
) (UUY)	If this is a request for a	llowable for a newly drilled or deepene			

(Signature) Production Supervisor

(Title) 3/23/70

(Date)

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.