DISTRUBUTE	214			İ
SARTA FE				
FILE				
U.S.G.5.				
LAND OF CICE				
TRANSPORTER	GAS	7_		
OPERATOR		2	-	
PRORATION OF	TICE			
Operator				
ARCO Oil a	ind Ga	is C	omp	ar
Address				
1000 1344	. 1 C 4		. 4.	c.

NEW MEXICO OIL CONSCINATION COMMISSION

Form C-104

	SARTAFE FILE U.S.G.S. LAND OFFICE OIL		FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Supersedes Old C-104 and C-2 Effective 4-4-65		
1.	OPERATOR GAS OPERATOR Z PRORATION OFFICE Operator					
	ARCO Oil and Gas Company, Division of Atlantic Richfield Company					
	1860 Lincoln Street, S Reason(s) for filing (Check proper box) New We.! Recompletion Change in Ownership.	Change in Transporter of: OII Dry Gas Casinghead Gas Conden	Other (Please explain) Ef Assumed name for Atlantic Richfie	formerly		
	If change of ownership give name and address of previous owner					
	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo		Leane No.		
Location						
	Unit Letter N ; 330 Line of Section 33 Town	Feet From The South Line		n Juan County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	red copy of this form is to be sent)		
	Shell Pipeline Company Name of Authorized Transporter of Cast		Box 940, Bloomfield, N Address (Give address to which approx	ed copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. E 34 31N 16W	Is gas actually connected? Who	en .		
IV.	If this production is commingled with COMPLETION DATA			Plug Back Same Resty, Diff, Rest		
	Designate Type of Completion			P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	HOLE SIZE	TUDING, CASING, AND	DEPTH SET	SACKS CEMENT		
V	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Hun To Tanks	OR ALLOWABLE (Test must be a able for this de Date of Test	must be after recovery of total volume of load oil and must be equal to or exceed top allow for this depth or be for full 24 hours) Producing Mothod (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gaa-MCF REEFINE		
	GAS WELL. Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condon and 2 1979		
	Teating Method (pitot, back pr.)	Tubing Pressue (Shut-in)	Casing Pressure (Shut-in)	Choke SIL DIST. 3		
٧I	CERTIFICATE OF COMPLIANCE	CE CE		TION COMMISSION		
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. Accounting Supervisor (Fule) March 9, 1979						
			TITLE TITLES TO SEE			
			This form is to be filed in compliance with RULE 1104. If this is a request for showable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviations 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 fractions I. H. III, and VI for changes of owner well name or number, or transporter or other such change of conditions.			

Sepsinte Forms C-104 must be filed for each pool in multiple completed wills.