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cc: N. F. Gulledge - Midland

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REQUEST FOR ALLOWABLE FILE U.S.G.S. LAND OFFICE OPERATION PROBATION OFFICE Operator Atlantic Righfield Company Address P. O. Box 1920, Hobbs, New Mexico Operator Atlantic Righfield Company Address P. O. Box 1920, Hobbs, New Mexico Operator Atlantic Righfield Company Address P. O. Box 1920, Hobbs, New Mexico Operator Atlantic Righfield Company Address P. O. Box 1920, Hobbs, New Mexico Operator Atlantic Righfield Company Address P. O. Box 1920, Hobbs, New Mexico Operator Atlantic Righfield Company Address P. O. Box 1920, Hobbs, New Mexico Operator Atlantic Righfield Company Address P. O. Box 1920, Hobbs, New Mexico Operator Atlantic Righfield Company Address of Interpretation One Consequent of Conseq	DISTRIBUTION	EW MEXICO OIL	CONSERVATION COMMISSI	F C 104
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Actual Prod. During Test Oil-Bbis. Water-Bbis. Gas-MCF				lift, etc.)
GAS WELL	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
GAS WELL	1.			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF
	GAS WELL			
		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	VI. CERTIFICATE OF COMPLE	ANCE	OIL CONSERV	/ATION COMMISSION

VI.

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.

•	£18
	11144
	(Signature)

Superintendent

(Title) 1969 June 9,

(Date)

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.