

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Atlantic Richfield Company

Address
P. O. Box 1710, Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II DESCRIPTION OF WELL AND LEASE

Lease Name Wm. P. Byrd	Well No. 5	Pool Name, Including Formation Eumont Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter E	1650	Feet From The North	Line and 330	Feet From The West
Line of Section 11	Township 20S	Range 36E	NMPM,	Lea Lea County

III DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

None

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 Company **Jal, New Mexico**

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

No **12/4/73**

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X		X
Date Spudded Workover 08/22/73	Date Compl. Ready to Prod. 09/25/73	Total Depth 3900'	P.B.T.D. 3695'					
Elevations (DF, RKB, RT, GR, etc.) 3594' GR	Name of Producing Formation Eumont	Top Oil/Gas Pay 3065	Tubing Depth 3462.72'					
Perforations 3065, 80, 90, 3102, 24, 30, 60, 92, 3200, 3346, 74, 80, 3464, 74, 82, 92, 97, 3509, 18, 28, 45 & 3548'						Depth Casing Shoe 3766'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
No change from Original	Completion							
	2-3/8		3462.72'					

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 900	Length of Test 24	Bbls. Condensate/MMCF -0-	Gravity of Condensate ---
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (shut-in) 300#	Casing Pressure (shut-in) Pkr.	Choke Size 1/2

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.

Richard Shackelford
(Signature)
Senior Accounting Clerk
(Title)
October 2, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
TITLE **SUPERVISOR**

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.