	DISTRIBUTION			
	SANTA FE	NEW MEXICO O		
	FILE	REQUE		
	U.S.G.S.	AUTUODIZATION TO		
	LAND OFFICE	AUTHORIZATION TO		
	TRANSPORTER OIL GAS			
	OPERATOR			
I	. PRORATION OFFICE Operator			
	Atlantic Richfield Company			
	P. O. Box 173	10, Hobbs, New Mexico		
	New Well	Change in Transporter of:		
	Recompletion	Oil Dr.		
	Change in Ownership X	Casinghead Gas Co		
	If about of			
	and address of previous owner	Hanson Oil Corporation		
IJ	. DESCRIPTION OF WELL AND	D LEASE Well No. Pool		
	Mescalero Rid			
		980 Feet From The South		
	25	ownship 195 Range		
111	DESIGNATION OF TRANSPOR			
111	Name of Authorized Transporter of C	or Condensate		
	Name of Authorized Transporter of C	e Company, Inc.		
	1	oleum Company		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		
	give location of tanks.	I 35 19S 34		
IV	If this production is commingled w. COMPLETION DATA	with that from any other lease or po		
	Designate Type of Complet	ion - (X)		
	Date Spudded			
		Date Compl. Ready to Prod.		
	Pool	Name of Producing Formation		
	Perforations			
	HOLESIZE	TUBING, CASING, A		
	HOLE SIZE	CASING & TUBING SIZE		
	·			
V.	TEST DATA AND REQUEST F			
	OIL WELL Date First New Oil Run To Tanks	able for this Date of Test		
	Length of Test	Tube - D		
	Length of Test	Tubing Pressure		
	Actual Prod. During Test	Oil-Bbis.		
	<u></u>			
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test		
	Testing Method (pitot, back pr.)	Tubing Pressure		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
VI.	CERTIFICATE OF COMPLIAN	CE		
	I hereby certify that the sular and	regulations of the Oil O		
	I hereby certify that the rules and regulations of the Oil Conservatio Commission have been complied with and that the information give			
	above is true and complete to the	e best of my knowledge and belief		
,				
	s h /2.	1 1 1		
٠.	De L. Shackelford			
	(Signature)			
	Accountant I			

2-15-78

(Date)

DIL CONSERVATION COMMISSION

Form C-104

FILE	REQUES	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO T	AND RANSPORT OIL AND NATURAL		
LAND OFFICE	AUTHORIZATION TO TH	RANSPORT OIL AND NATURAL	. GAS	
TRANSPORTER OIL				
OPERATOR GAS				
PRORATION OFFICE				
Operator				
Atlantic Ri	ichfield Company			
P. 0. Box 1	1710, Hobbs, New Mexico 88	3240		
Reason(s) for filing (Check prope		Other (Please explain)		
Recompletion	Change in Transporter of: Oil Dry (Effective 1	March 1, 1978	
Change in Ownership X		densate	•	
If change of ownership give na and address of previous owner	ame .	P. O. Box 1515, Roswell	l, New Mexico 88201	
DESCRIPTION OF WELL A				
DESCRIPTION OF WELL A		Name, Including Formation	Kind of Lease Federal	
Mescalero R	11.1	earl Queen	State, Federal or Fee NM052	
Location			MMOJZ	
Unit Letter J;	1980 Feet From The South L	ine and 1980 Feet From	_{n The} East	
Line of Section 35	, Township 19S Range	34E , NMPM,	Lea County	
BESIGNATION OF TRANSP	OPTED OF OUR AND MARKET			
Name of Authorized Transporter of	PORTER OF OIL AND NATURAL G	Address (Give address to which appr	and come of this form is as I	
Ridge Pipel	ine Company, Inc.	P. O. Box 159, Art		
Name of Authorized Transporter o	of Casinghead Gas A or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)	
Phillips Pe	troleum Company	i	h & Washington, Odessa, T	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	hen 79760	
	I 35 19S 34E	100	Unknown	
COMPLETION DATA	d with that from any other lease or pool			
Designate Type of Compl	letion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Death Court City	
			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	· · · · · · · · · · · · · · · · · · ·			
TEST DATA AND REQUEST	FOR ALLOWARLE (Test must be	ofter recovery of sound value of the 1 12	<u> </u>	
OIL WELL	. able for this d	epth or be for full 24 hours)	and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ft, etc.)	
Length of Test	Tubing Pressure	Casing Pressure		
•		Cdaing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF	
			·	
0 4 0 mm -	,			
GAS WELL Actual Prod. Test-MCF/D	Length of Test			
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
		,		
CERTIFICATE OF COMPLIA	ANCE	OH_CONSERVA	TION COMMISSION	
		- FEB 1-7 10	178	
Commission have been complie	nd regulations of the Oil Conservation ed with and that the information given	APPROVED, 19		
bove is true and complete to	the best of my knowledge and belief.	BY		
		Dia: 1, 9.	E e	
		11		
De L. Sh	ackelford	This form is to be filed in compliance with RULE 1104.		
(S	ignature)	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		
Accountant I		tests taken on the well in accor	tests taken on the well in accordance with RULE 111.	
0 15 70	(Title)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.		

Fill out Sections I, II, III, and VI only 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.

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