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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERMITS OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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SEP 19 1969

O. C. C.

ARTERIA, OFFICE

I. Operator
Atlantic Richfield Company ✓
Address
P. O. Box 1978 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Castahead Gas Condensate Other (Please explain)
Eff: 7-1-69 from Skelly

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. L. Keel "B"	Well No. 23	Pool Name, including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1700</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 Midland, Texas 79701			
Name of Authorized Transporter of Castahead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1267 ²¹⁹⁷ Ponca City, Okla. 74601 ^{Houston Texas 77001}			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 8	Twp. 17S	Rge. 31E
Is gas actually connected?	YES		When	6-1-60

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 Restv.	Diff. Restv.
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		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Mat'l. Acct'g. Super'vr.
(Signature)
Mat'l. Acct'g. Super'vr.
(Title)
August 28, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1969, 19____
BY W. A. Gressett
TITLE OIL AND GAS INSPECTOR

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.