	-		
DISTRIBUTION			
SANTA FE /		CONSERVATION COMMISSION	Form C-134
FILE /	. REQUES	T FOR ALLOWABLE  AND	Supersedes Old C-104 and C Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NATURAL	CAS
LAND OFFICE		CARSI ON FOR AND NATORAL	GA3
TRANSPORTER OIL	·		
GAS			SECEIVED
OPERATOR	<u>·</u>	•	
PRORATION OFFICE	d Gas Company -		MAR 14 1979
	Atlantic Richfield Compan	Nr.	WW I I 13/3
Address	Atlantic Kichileid Compan	у	O. C. G.
P. O. Box 1	710, Hobbs, New Mexico 882	40	ARTESIA, DFFICE
Reason(s) for filing (Check prope	r box)	Other (Please explain)	
Hew Well	Change in Transporter of:	Change in Operat	tor Name
Recompletion	Cil Dry C	ETTECTIVE. 4-T-	79
Change in Ownership	Casinghead Gas Cond	enscte	
If change of ownership give na			
and address of previous owner			
DESCRIPTION OF WELL A	ND LEASE		
Lease Name		ame, Including Formation	Kind of Lease
Fren Oil Co	1 7re	in Seven Rivers	State, Federal or Fee Testeral
Location			
Unit Letter;	660 Feet From The South L	ine and 1980 Feet From	The East
	<i>1</i> <b>- -</b>	<b>.</b>	- 10
Line of Section 19	, Township / 7 & Range	3/E , NMPM,	County County
	<u> </u>		
DESIGNATION OF TRANSF	PORTER OF OH AND NATURAL C	110	9
DESIGNATION OF TRANSI  Same of Authorized Transporter of	PORTER OF OIL AND NATURAL G		oved copy of this form is to be sent)
DESIGNATION OF TRANSI	PORTER OF OIL AND NATURAL G	Address (Give address to which appro	oved copy of this form is to be sent;
Texas New Mexic	of City Condensate Company	Address (Give address to which appro	illand Texas 79701
Texas New Mexic	PORTER OF OIL AND NATURAL G	Address (Give address to which appro	illand Texas 79701
Texas New Mexic	of CIL S or Condensate = Company of Casinghead Gas or Dry Cla = Company	Address (Give address to which appropriate policy of the Address to which appropriate policy of the Address of the Address to which appropriate policy of the Address of th	illand Texas 79701
Vame of Authorized Transporter of New Median Name of Authorized Transporter of Continental 9	of CIL Sor Condensate Company of Casinghead Gas or Dry Cla Casinghead Gas or Dry Cas	Address (Give address to which appropriate to which	illand Texas 79701  oved copy of this forth is to be sent)  ton Texas 77001
Name of Authorized Transporter of New Marke Name of Authorized Transporter of Continual Office of Authorized Transporter of twell produces oil or liquids, give location of tanks.	of Cit. Sec. Pryp. 31	Address (Give address to which appropriate PO Boy 1510 M) Address (Give address to which appropriate PO Boy 2197 Hours Is gas actually connected)  When the propriate PO Boy 2197 Hours Is gas actually connected.	Mand texas 79701 wed copy of this form is to be sent
Name of Authorized Transporter of New Marke Name of Authorized Transporter of Continual Golden of Authorized Transporter of the Well produces oil or liquids, give location of tanks.  If this production is commingle	of CIL Sor Condensate Company of Casinghead Gas or Dry Cla Casinghead Gas or Dry Cas	Address (Give address to which appropriate PO Boy 1510 M) Address (Give address to which appropriate PO Boy 2197 Hours Is gas actually connected)  When the propriate PO Boy 2197 Hours Is gas actually connected.	illand Texas 79701  oved copy of this forth is to be sent)  ton Texas 77001
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Test Data And Reques  Old Well.  Date First New Oil Run To Tank:  No Change  Length of Test  Actual Prod. During Test  Cast New Years  Name of Authorized Transporter of Computers  If well produces oil or liquids, give location of tanks.  If this production is commingle COMPY. ETION DATA  Designate Type of Computer Spudded  No Change  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUES OIL WELL  Date First New Oil Run To Tank:  No Change  Length of Test	cr Condensate  Company of Casinghead Gass or Dry Cla  Unit Sec.  Unit Sec.  O 19 17 31  ed with that from any other lease or pool  Old Well: Gas Well  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, At  CASING & TUBING SIZE  Tubing Pressure  Cil-Bbls.	Address (Give address to which appropriate policy of total volume of load oil diepth or be for full 24 hours)  Page 197 Hours of total volume of load oil diepth or be for full 24 hours)  Producing Method (Flow, pump, gas least of the policy of total volume of load oil diepth or be for full 24 hours)  Casing Pressure  Water-Bbls.	Plug Back Same Resty. Diff. Resty  P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  And must be equal to or exceed top allow  ift, etc.)  Choke Size  Gas-MCF
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Test DATA AND REQUES OIL WELL Date First New Oil Run To Tank: No Change Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Dest-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPL	cr Condensate  Company  Compan	Address (Give address to which appropriate policy of total volume of load oil diepth or be for full 24 hours)  Producing Method (Flow, pump, gas like the producting Method (Flow, pump, gas like the	Plug Back Same Resty, Diff. Resty  P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  And must be equal to or exceed top allow  if, etc.)  Choke Size  Gas-MCF  Gravity of Condensate  Choke Size  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.

District Prod & Drlg Supt. (Title)

Date

3-7-79

This form is to be filed in compliance with RULE 1104.

SUPERVISOR, DISTRICT H

TITLE

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of conditions

Separate Forms C-104 must be filed for each pool in mulciplis