	Number Charles Andelvied	<del>-</del>		·	
	DISTRIBUTION	NEW MENUGO DU LA			
	SANTA FE		CONSERVATION COMMIS FOR ALLOWABLE	SION	Form 0-134 Supersedes Old C-164 and C-1
	FILE	. KEGOLOT	AND		Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NA	TURAL C	AS
	LAND OFFICE  TRANSPORTER GAS		e e		PECEIVED
	OPERATOR /				· ~ ~ C D
I.	PRORATION OFFICE    Capacitation   ARCO   Oil   and   Gas   Company   -			MAR <u>i 1 1979</u>	
	Division of Atlantic Richfield Company				
	P. O. Box 1710, Hobbs, New Mexico 88240			U. L. U. ARTESIA, OFFICE	
	Reason(s) for filing (Check proper box) Other (Please es			plain)	
	New Well Change in Transporter of: Change in Recompletion Cil Dry Gas effective				
	Change in Ownership	Casinghead Gas Conde	ETTECTIVE	4-1-7	9
	If change of ownership give name				
	DESCRIPTION OF WEXT AND VEXT				
11.	DESCRIPTION OF WELL AND Lease Name		me, Including Fermation		Kind of Lease
	Fren Oil Co.	13 8/10	uburg Jacks	<b>3</b>	State, Federal or Fee
	Location P	o doth	0 0		6. +
	Unit Letter ; 66	Lir	ne and	Feet From T	The
	Line of Section /9 , Tor	waship /75 Range	3/E, MMPM,	عع	ddy County
III.	DESIGNATION OF TRANSPORT				
	Name of Authorized Transporter of Oil	or Condensate		which approv	ed copy of this form is to be sent)
	Name of Authorized Transporter of Cas	Mighead Gas or Tity Gas			ed coly of this form is to be sent)
•	Continuentas Sipe		PODOPS197,	(made)	Species 17000
	If well produces oil or liquids, U give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected	Whe	7/-/-
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Completic	on + (X)   Gas Well	New Well Workover	Deepen	Plug Back   Same Resty, Diff. Resty.
	Date Spudded	Date Compl. Ready to Frod.	Total Septh	<del> </del>	P.B.T.D.
	No Change	Name of Producing Formation	Top Cil/Gas Pay	<del> </del>	Tubing Depth
	Perforations			<u> </u>	Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD		
	11022 3722	CASING & 1051NG 312E	CEPTH SET		SACKS CEMENT
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume	of load oil a	nd must be equal to or exceed top allow
	OIL WELL able 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.)				
	No Change				
	Longth of Test	Tubing Pressure	Casing Pressure		Choke Size
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	<u> </u>	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	Casing Pressure		Choke Size
VI.	CERTIFICATE OF COMPLIANCE	¬F	011 60	NISEDVA	TION COMMISSION
		0 a a a			
	I hereby certify that the rules and r Commission have been complied w	APPROVED		, 19	
_	above is true and complete to the best of my knowledge and belief.		BY W,C	7 <b>7</b> 7	XXXX
			TITLE SUPERVI	SOR, DIS	TRICT II
	Denge V. Rom		11	e filed in compliance with RULE 1104.	
	(Signa	well, this form must b	st for allowable for a newly drilled or deepened be accompanied by a tabulation of the deviation of in accordance with RULE 111.		
	District Prod & Drlg S	tests taken on the we			
	3-7-79	able on new and recor	ppleted wel	ls.	
	(Da			and VI only for change of conditions, or other such change of conditions.	

Separate Forms C-164 must be filed for each pool in muriply