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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

JUN 19 1974

Operator Atlantic Richfield Company		O. C. C. ARTESIA, OFFICE	
Address P. O. Box 1710, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name G. Conley Federal	Well No. 1	Pool Name, including Formation <i>Devian Morrow</i> Undesignated - Morrow	Kind of Lease State, Federal or Fee Federal
Lease No.			
Location			
Unit Letter O	660	Feet From The South	Line and 1980
Feet From The East			
Line of Section 33	Township 20S	Range 27E	NMPM, Eddy
County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<i>Southern Union Gas Co.</i>		<i>1400 Fidelity Union Tower Bldg. Dallas Tx</i>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
Is gas actually connected?		When <i>4-4-75</i> <i>75701</i>	
<i>No yes</i>		<i>Shut-in awaiting connection</i>	

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

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3/14/74	Date Compl. Ready to Prod. 5/23/74	Total Depth 11,050'		P.B.T.D. 10,995'				
Elevations (DF, RKB, RT, GR, etc.) 3224' DF	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,672'		Tubing Depth 10,531.91'				
Perforations 10,672, 693, 704, 708, 712, 721, 725, 732, 806, 810, 813, 863, 869, 874, 895, 897'		Depth Casing Shoe 11,049.98'						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" OD	505'	500 sx & 14 yds ReadyMix
12 1/4"	8-5/8" OD	2501'	1006 sx Circulated
7-7/8"	5-1/2" OD	11,049.98'	850 sx TOC @ 6900'
	2-3/8" OD	10,542.38'	

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 3948	Length of Test 4	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (Shut-in) 3537#	Casing Pressure (Shut-in) Pkr	Choke Size Various

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.

H. J. Bernal
(Signature)
Dist. Drlg. Supv.
(Title)
6/10/74
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	APR 11 1975
BY	<i>W. A. Gressett</i>
TITLE	SUPERVISOR, DISTRICT II
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.	