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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

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

RECEIVED

JUL 12 1974

I. Operator
 Atlantic Richfield Company

Address
 P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: State BO Com Well No.: 1 Pool Name: Morrow Gas Kind of Lease: State, Federal or Fee State Lease No.: K5261

Location
 Unit Letter: F; 1980 Feet From The North Line and 1980 Feet From The West
 Line of Section: 9 Township: 21S Range: 26E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit: Sec.: Twp.: Rge.: Is gas actually connected? No When

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 as last
		X	X				
Date Spudded: 5/8/74	Date Compl. Ready to Prod.: 6/23/74	Total Depth: 11,130'	P.B.T.D.: 11,075'				
Elevations (DF, RKB, RT, GR, etc.): 3239' DF	Name of Producing Formation: Morrow Gas	Top Oil/Gas Pay: 10,775'	Tubing Depth: 10,666'				
Perforations: 10775, 76, 77, 78, 82, 83, 84, 85, 10816, 17, 18, 19, 20, 21, 24, 25, 26, 27, 28, 29, 30'			Depth Casing Shoe: 11,130'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" OD	512'	450 sx & 20 yds Redi-mix
12-1/4"	8-5/8" OD	2500'	900 sx
7-7/8"	5-1/2" OD	11,130'	675 sx
	2-3/8" OD	10,666'	

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: 4650	Length of Test: 16 hrs	Bbls. Condensate/MMCF: 3	Gravity of Condensate: 51.2
Testing Method (pitot, back pr.): Back pr.	Tubing Pressure (shut-in): 2000#	Casing Pressure (shut-in): Pkr	Choke Size: 16/64"

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.

H. J. [Signature]
 Dist. Drlg. Supv.
 7/2/74
 (Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 31 1974, 19

BY [Signature]
 OIL AND GAS INSPECTOR

TITLE

This form is to be filed in compliance with RULE 104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the day's test taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for changeable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multiple well units.