

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

Operator
Atlantic Richfield Company

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name State "Y"	Lease No.	Well No. 10	Pool Name, Including Formation Justis Fusselman	Kind of Lease State, Federal or Fee	State
Location					
Unit Letter H	2310	Feet From The North	Line and 990	Feet From The East	
Line of Section 25	Township 25S	Range 37E	, NMPM,	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 25 25S 37E Yes 2/8/77

If this production is commingled with that from any other lease or pool, give commingling order number: **R-1337**

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/8/76	Date Compl. Ready to Prod. 2/3/77	Total Depth 7510'	P.B.T.D. 6970'					
Elevations (DF, RKB, RT, GR, etc.) 3059.2' GR	Name of Producing Formation Fusselman	Top Oil/Gas Pay 6836'	Tubing Depth 5521'					
Perforations 6836, 38, 62, 65, 68, 70, 73, 76, 80, 85, 88, 91, 94, 99, 6905, 20, 26, 31, 34, 40, 42, 44, 48'	Depth Casing Shoe 7510'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT		
17-1/2"	13-3/8" OD	505'				470 SX		
12-1/4"	9-5/8" OD	3350'				518 SX		
8-3/4"	7" OD	7510'				600 SX		
	2-7/8" OD	5521'						

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 2/3/77	Date of Test 3/11/77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 490 bbls	Oil-Bbls. 49	Water-Bbls. 441	Gas-MCF 9

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

I. 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.

N. L. Shackelford
(Signature)
Accountant I
3/14/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19 1977
BY *[Signature]*
TITLE **SUPERVISOR DISTRICT I**

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 tested wells.

RECEIVED

MAR 16 1977

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