1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE // FILE // U.S.G.S. LAND OFFICE // TRANSPORTER OIL // GAS // OPERATOR // PRORATION OFFICE // Operator // S Address	REQUEST FO	ASERVATION COMMINAN DR ALLOWABLE AND SPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 S	
	1500 Commerce Building; Fort Worth, Texas 76102 Reason(s) for filing (Check proper box) Other (Please explain)				
	New We!l Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership X 12/1/72 Casinghead Gas Condensate If change of ownership give name Atlantic Richfield Co.; P.O. Box 1610; Midland, Tex. 79701				
	and address of previous owner	address of previous owner			
11.	DESCRIPTION OF WELL AND L Lease Name F.M. Robinson "A" Unit Location Unit Letter I, 1,9	Weil No. Pool Name, Including For	On Street Federaly	East	
	Line of Section 27 Town	aship 17S Range	29Е , ммрм, Е	Eddy County	
III.		x or Condensate ne Company nghead Gas x or Dry Gas wany Unit Sec. Twp. Ege.	P. O. Box 1510; Midland Address (Give address to which approve P. O. Box 6666, Odessa, Is gas actually connected?	, Texas 79701 ed copy of this form is to be sent) Texas 79760	
	If well produces oil or liquids, give location of tanks. P 27 17S 29E Yes 1 3/15/62 If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Perforations Depth Casing Shoe			Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT	
V	TEST DATA AND REQUEST FOR ALLOWABLE (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) (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) DIL WELL Producing Mathod (Flow, pump, gas lift, etc.)				
	Date First New Cil Run To Tanks	Date of Test	· · · · · · · · · · · · · · · · · · ·	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	Gas - MCF	
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.		
	GAS WELL			-	
	Actual Pred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
v	I. CERTIFICATE OF COMPLIAN	CE :		TION COMMISSION	
I hereby certify that the rules and regulations of Commission have been complied with and that		with and that the information given	APPROVED		
	above is true and complete to the best of my knowledge and belief.		BYO, CIT & P CALLER OIL AND GAS INSPECTOR		
	Vice Presider	itle)	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 allow- able 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		
		ale)			