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OPERATOR		1	
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Vice President

November 28, 1972

(Title)

NEW MEXICO OIL CONSERVATION COMM, -- 10N REQUEST FOR ALLOWABLE

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

AND

L	FILE	DEDELYED	SPORT OIL AND NATURAL GA	ς			
L	U.S.G.S.	TAUTHORIZATION TO TRANS	SPURT UIL AND NATURAL OA	•			
-	LAND OFFICE	250 / 1972					
Ì	FRANSPORTER GAS I	DEC 4 1972	51/				
-	OPERATOR I						
_	PRORATION OFFICE	O. C. C.					
┸╌┝		ARTESIA: U.S.	TON /	·			
- 1	S	HENANDOAH OIL CORPOR	ATION				
ŀ	Address		Fort Worth Tevas	76102			
- 1	· 1	500 Commerce Buildin	ig; Fort Worth, Texts	, , , , ,			
ŀ	Reason(s) for filing (Check proper box)		Other (Please explain)				
- 1	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas	<u> </u>	·			
١	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 ownerATIANTIC RICHITETU CO., I to the same and address of previous owner						
11.	Lease No. Lease No. Lease No. Lease No. Lease No.						
	Lease Name Formar Federal verifier T C029775 (h)						
	Total Totalice Delite III						
	T 1.98	Feet From The South Line	and 1,980 Feet From T	he West			
	Unit Letter;;;	reet Flom The					
	Line of Section 35 Tow	nship 17S Range	29E , NMPM,	Eddy County			
117.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)						
	Name of Authorized Transporter of Cit	X Condensario	P. O. Box 1510; Midland	Texas 79701			
	Texas-New Mexico Pipel:	ine Company	Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Cas		P. O. Box 6666, Odessa,				
	Phillips Petroleum Com	pany	Is gas actually connected? Whe	n			
	If well produces oil or liquids,	Unit Sec. Twp. Rge. G 35 17S 29E	Yes	3/15/62			
	give location of tanks.						
	If this production is commingled wit	th that from any other lease or pool,	give comminging 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 - (X)							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spanded			Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tabling Dept			
	_			Depth Casing Shoe			
	Perforations						
	TUBING, CASING, AND CEMENTING RECORD						
			DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE					
	•	COR ALLOWARIE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow			
1	. TEST DATA AND REQUEST F	able for this de	enth or be for full 24 hours?				
Oll. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
			Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure				
			Water - Bbls.	Gas-MCF			
	Actual Prod. During Test	Oil-Bble.		•			
				-			
GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. 1881-MCF/D						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	feating Marion than 1						
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given to the heat of my knowledge and belief.			OIL CONSERVATION COMMISSION				
			DEC 5 1	ADDROVED DEC 5 1972			
			n APPROVED				
			. BY	resset			
Commission have been complied with and that the information above is true and complete to the best of my knowledge and belief.		TITLE OIL AND GAS INSPECTOR					
			This form is to be filed in compliance with RULE 1104.				
	\mathcal{L}	15 cts		If this is a request for allowable for a newly drilled or deepend if this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation.			
T. P. Bates (Signature)			Il santa taken on the Woll in all	well, this form must be accompanied by			
			11	La filled out completely for allo			

tests taken on the well in acc All sections of this form must be filled out completely for allow sble 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 multiple