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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-114  
Supersedes Old C-101 and C-110  
Effective 1-1-66  
**RECEIVED**  
SEP 19 1969  
O. C. C.  
ARTEZIA, OFFICE

Operator  
Atlantic Richfield Company ✓  
Address  
P. O. Box 1978, Roswell, New Mexico 88201  
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)  
Change lease name  
Eff: 7-1-69 from skelly  
If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE  
Lease Name Dale H. Parke C Lease No. 3 y Well No. Pool Name, including Formation Grayburg Jackson Q.G.S.A. Kind of Lease State, Federal or Free Federal  
Location  
Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East  
Line of Section 15 Township 17S Range 30E, NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1510, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Continental Oil Company Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1267, Ponca City, Oklahoma 74601  
If well produces oil or liquids, give location of tanks. Unit P Sec. 15 Twp. 17S Rge. 30E Is gas actually connected? Yes When Unknown

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

V. COMPLETION DATA  
Designate Type of Completion - (X)  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

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.  
On [Signature]  
(Signature)  
Accounting Material Supervisor  
(Title)  
August 28, 1969  
(Date)

OIL CONSERVATION COMMISSION  
SEP 29 1969  
APPROVED BY W. A. Gressett, 19  
OIL AND GAS INSPECTOR  
TITLE  
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.