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	DISTRIBUTION	NEV	MEXICO O	IL CONSERVA	TION COMMISSI	J:↓	Form C+114	
	FILE '		REQUE	IST FOR ALL	OWABLE		Supersedes Old Effective 1-1-8	
	U.S.G.S.	AUTUONIT		DAA				
	LAND OFFICE	AUTHURIZA	ATION TO	TRANSPORT	OIL AND NAT	URAL G	ECEIVE	
	TRANSPORTER OIL							
	GAS	,					SEP 1 9 1969	3
	OPERATOR							
I.	PROPATION OFFICE						a. C. C.	7F
	Cperator	_					ARTEBIA, OFF	
	Atlantic Richfield Com	pany						
	P 0 Pow 1078 Powers	T. Mana Manata	. 0000					
	P. O. Box 1978, Roswell Reason(s) for filing (Check proper box)	T New Mexico	<u>88201</u>		Other (Please exp	lain)		The state of the s
	New Well						ime	
	Recompletion	Oil	D _I	y Gas	- /			
	Change in Cwnership	Casinghead Gas	x c	ondensate	Charge le Eff: 7-1.	-69 fr	on Shelly	
	If change of ownership give name					,,	/	
	and address of previous owner							
31	DESCRIPTION OF WELL AND I	TACE						
11.	DESCRIPTION OF WELL AND I Lease Name		Well No. Foo	l Name, Includin	7 Pormation		Kind of Lease	
	Dale H. Parke "A" Tr.	1	5 0	ravburg Ja	ckson Q.G.	5.A.	State, Federal or Fee	Federal
	Location							- 0401 47
	Unit Letter C; 330	Feet From The	North	_Line and _	.650 _F	eet From T	heWest	
	Line of Section 22 Tow	nship 178	Range	30E	, NMPM,	Eddy		County
	DESIGNATION OF TRANSPORT	TED OF OUR AND	BI A COLUMN A T	0.40				
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Otl.	X or Condens		Address (C	ive address to wh	ich approve	ed copy of this form is t	o be sent)
	Texas New Mexico Pipeline Company				Box 1510,			
					ive address to wh	ich approv	ed copy of this form is t	o be sent)
	Continental Oil Compan	У		P. 0.	Box 1267,	Ponea	ed copy of this form is to	74601
	If well produces oil or liquids,	Unit Sec.	Twp. P.ge	. Is gas act	ally connected?	When		
	give location of tanks.	C 22	178 3	OE	Yes	: 	5-4-62	
	If this production is commingled wit	h that from any othe	er lease or p	oot give comm	ngling order nur	ber:		
				oor, give comm				
١٧.	COMPLETION DATA	Oil Wel	1 Gas We			eepen	Plug Back Same Res	tv. Diff. Resty
IV.	Designate Type of Completio		1 Gas We				Plug Back Same Res	'v. Diff. Res'v
IV.			1		Workeve: D		Plug Back Same Res	rv. Diff. Restv
IV.	Designate Type of Completio	n = (X) Date Compl. Ready	to Prod.	li New Weli	Workeve: D			' Diff. Res'v
IV.	Designate Type of Completio	n – (X)	to Prod.	li New Weli	Workover D			'∵. Diff. Res'v
IV.	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n = (X) Date Compl. Ready	to Prod.	li New Well Total Dep	Workover D		P.B.T.D. Tubing Depth	'v. Diff. Res'v
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Accounting Material Supervisor

(Date)

(Title)
August 28, 1969

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.

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.

S parate Forms C-104 must be filed for each pool in multiply completed wells.