!	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supervioles in U. Constant Consta						
,	LAND OFFICE TRANSPORTER OIL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED						
ı.	PRORATION OFFICE APR 1979						
	Cperator ARCO Oil and Gas Company - Division of Atlantic Richfield Company						
	P. O. Box 1710, Hobbs, New Mexico 88240						
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of: Oli Dry Ga			= effective: 4=1=75		
	f change of ownership give name and address of previous owner						
	I. DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, Including Formation H. E. West B 23 GRAY burg Jackson (SR-Q-G-SA) State, Federal or Fo						
	Unit Letter K: 1980 Feet From The South Line and 1980 Feet From The West						
	Line of Section 3 , Tov	Line of Section 3, Township 175 Range 3/E, NMPM, Eddy County					
u.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent)						
	NONE - WIW Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)						
	NONC If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	ls gas actu	who	en	
	If this production is commingled with COMPLETION DATA	with that from any other lease or pool, give commingling order number:					
	Designate Type of Completion	on - (X)	Gas Well	New Well	Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded No Change	Date Compl. Ready to	o Prod.	Total Dept	h	P.B.T.D.	
	Pool	Name of Producing F	`ormation	Top Oil/Go	ıs Pay	Tubing Depth	
1	prioration s				Depth Casing Shoo		
	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEM						
					JE: 111 JE:	SACKS CEMENT	
v.	TEST DATA AND REQUEST FO	(Test must be af	ter recovery	of total volume of load oil	and must be equal to or exceed top allow-		
	able for this depth or be for full 24 hours) ate First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	No Change .			Casing Pressure Choke Size			
	Actual Prod. During Test	Oil-Bbls.		Water-Bbls		Gas-MCF	
-							
ſ	AS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/A/MCF Gravity of Condensate						
				Bbls. Condensate/MMCF		Gravity of Condensate	
	Testing Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure		Casing Pre	Saure	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.				OIL CONSERVATION COMMISSION APPROVED 497 5 27879 19			
				BY W. a. Srassett			
	Dange V. Poks				TITLE SUPERVISOR, DISTRICT, II 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 much be accompanied by a talefaction of the deviction		
(Signature) District Prod & Drlg Supt. (Title)				tests taken on the well in accordance with subscript for allowable on new and recompleted wells.			
	3-27-79 (Pate)				Fill out Sections I, II, III, and VI only 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