DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE FILE RECETVED AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE SEP 1 9 1969 OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Atlantic Richfield Company P. O. Box 1978 Reason(s) for filing (Check proper box) Roswell, New Mexico Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas from Skelly 7-1-69 Eff: Casinghead Gas \overline{X} Change in Ownership Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation State, Federal or Fee Federal H. E. West "A" Grayburg Jackson Q.-G. S. A. 2 Location East North В Unit Letter Feet From The 31E Eddy 17S NMPM. Line of Section Township Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Asiless (Give address to which approv P. O. Box 1510 Midland Name of Authorized Transporter of Oth X for Condensate Navignation Figure Company Navignation Maries Pipeline Company Address (Give address to which app Name of Authorized Transporter of Casinghead Gas or Dry Gas Continental Oil Company Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. Twp. 5-6-60 4 17S | 31E YES Α CTB-257 (5-4-75) If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Resty, Diff. Rest New Well Plug Back Workover Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oll/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Water - Bbls. Gas - MCF Oil - Bbls. Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Casing Pressure Choke Size Tubing Pressure

TITLE

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.

Do Bulland Ja	
(Signature) Mat'l Acct'g Super; vr	
August 28, 196 $\mathfrak{F}^{(ile)}$	

(Date)

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

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.