	NO. OF COMES RECEIVED	2			
	SANTA FE	NEW MEXICO OIL REQUEST	CONSERVATION COMMISSION	Perm No. 54 Superior de la company	
	LAND OFFICE AUTHORIZATION TO TRANSPORT OF AND WATUR A CAS				
	TRANSPORTER OIL / APR - 2 1979				
	OPERATOR /				
I	·	Carrie Ca			
	Division of Atlantic Richfield Company				
	P. O. Box 1710, Hobbs, New Mexico 88240				
	Reason(s) for filing (Check proper box	New Well  Check proper box)  Other (Please explain)			
	Recompletion	On Dry Gas Change in Operator Name effective: 4-1-79			
	Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, Including Formation  Kind of Lease				
	H. E. West A		y buing Jackson (sk-g-		
	Unit Letter H : 1980 Feet From The NORth Line and 660 Feet From The EAST				
	11		31 E , NMPM.	6.11	
111				C d d y County	
-11.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transported of Car	Pine line Division singhed Gas or Dry Gas	P.O. BOX 175 AR te Address (Give address to which app	SIA, N. M. 88210	
	CONTINENTAL Pip	peline Company	P.O. BOX 460 Hobb	•	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige.	is gas actually connected?	When UN KNOW N	
IV.	If this production is commingled wir COMPLETION DATA			OTB 257	
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	No Change	Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth	
	Perforations				
	Depth Casing Shoe			Depth Casing Shoe	
	HOLE SIZE	,	CEMENTING RECORD		
	11020 3122	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<b>T7</b>					
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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)				
	No Change	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	
1					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test			
			Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE			ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APR 5 - 1979 APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Wa Gressers		
•			TITLE SUPERVISOR, DISTRICT I		
	Deage V. Ricks		This form is to be filed in compliance with RULE 1104.		
-	(Signature)		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		
	District Prod & Drlg Supt.		tests taken on the well in acco	ordance with RULE 111.	

District Prod & Drlg Supt.

3-27-79

(Title)

(Date)

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 most be filed for each pool in multiply

All sections of this form must be filled out completely for allowable on new and recompleted wells.