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SANTA FE		1	
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	01L	1	
	GAS	1	
OPERATOR		I	

III.

IV.

110

SANTA FE /	, ,	FOR ALLOWABLE	Supersedes Old C-104 and C-1	
FILE /		AND Effective 1-1-65		
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
TRANSPORTER OIL				
GAS /			RECEIVED	
PRORATION OFFICE				
	d Gas Company -		MAR 14 1979	
Division of	Atlantic Richfield Company	7		
Address D. O. Barr 1	730 H-11- N W- 4 000/	0	G. G. G. Artesia, office	
Reason(s) for filing (Check prope	710, Hobbs, New Mexico 8824	Other (Please explain)	ARILBIA, DITION	
New Well	Change in Transporter of:	Change in Opera	tor Name	
Recompletion	O11 Dry Go	= errectree: 4-r-	79	
Change in Ownership	Casinghead Gas Conde	nsate		
If change of ownership give nat and address of previous owner				
and address of provious owner;				
DESCRIPTION OF WELL A		ame, Including Formation	Kind of Lease	
JI. K 220 "6		Super Angles	State, Federal or Fee 2 Co. O	
Location	, 0	market Chickenson	7,000	
Unit Letter;	660 Feet From The Warth Lin	ne and 660 Feet From	The West	
Line of Section	Taurahia 17.C Barre	3/E , NMPM,	E00.	
Cine of Section O	, Township // Range	3/E, NMPM,	County County	
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)	
Name of Authorized Transporter of	f Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent	
Continental Qui	poline Co.	Box 2197 Houte	n Texas 77001	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen	
give location of tanks.	[8 17 31	yes	6-16-60	
If this production is commingle COMPLETION DATA	d with that from any other lease or pool,	give commingling order number:		
Designate Type of Comp	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Date Spudded				
No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUES	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks		epth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift. etc.)	
No Change			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF	
Transfer of the state of the st		Water - Data.	· ·	
GAS WELL Actual Prod. Test-MCF/D				
Actual Prod. 18st-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ATION COMMISSION 1979	
I horoby consideration at an at a cont	and constations of the Oil C	APPROVED	13/3	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		11 (1 Xyesset)		
above is true and complete to	the best of my knowledge and belief.	BY		
 ,	_	TITLE SUPERVISO	DR, DISTRICE M	
Mar WP 1		This form is to be filed in compliance with RULE 1104.		

11	1.1.2	
Deorge	1. Kroks	
	(Signature)	
V -		

District Prod & Drlg Supt.

(Date)

(Title)

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 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 completed wells.

