	NO, OF COPIES RECEIVED		<u>-</u>		
	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104	
	FILE //	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-114 RECENTIVE-1-1-65 RECENTIVED	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		AS	
	IRANSPORTER OIL			SEP 1 9 1969	
	OPERATOR /			O. C. C.	
1.	PRORATION OFFICE			ARTEBIA, OFFICE	
	Atlantic Richfield Company				
	Address P. O. Box 1978, Roswell, New Mexico 88201				
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Please explain)				
	Recompletion	Oil Dry Ga	s 🔲 Eff: 7-1-69 /		
	Change in Ownership	Casinghead Gas X Conden	s Eff: 7-1-69	am Skelly	
	If change of ownership give name and address of previous owner				
H.	ESCRIPTION OF WELL AND LEASE				
	Lease Name H. E. West "B"		me, Including Formation	Kind of Lease State, Federal or Fee Dedawa	
	peation red fragment frequencies and frequencies of the frequencies of				
	Unit Letter E ; 1980	DFeet From TheNorthLin	e and <u>660</u> Feet From T	he <u>West</u>	
	Line of Section 10 Tow	vnshlp 17S Range 3.	le , NMPM, Eddy	County	
II.		TER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of Oil Texas New Mexico Pipe		Address (Give address to which approve P. O. Box 1510, Midland		
	Name of Authorized Transporter of Casingad Gas 💭 or Dry Gas 🗔		Address (Give address to which approved copy of this form is to be sent) 2/9.7 Houston Istas 77001		
			P. O. Box 1 267, Ponce (Is gas actually connected? When	ity, Øklahoma 74601	
	give location of tanks. charge F 10 17S 31E Yes 6-1-60			-1-60	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,			
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	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 allow able for this depth or be for full 24 hours)				
	DIL. WELL able for this depth of be for full 24 hours) Date First New Oil Run To Tanks 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	
	GAS WELL	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	L CE	OIL CONSERVA	TIQN COMMISSION	
			APPROVED		
	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.		BY W. a. Sressett		
			TITLE		
			This form is to be filed in compliance with RULE 1104.		
	- Mithelyender		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		
	(Signature) Mat'l Acct's Supervisor		 well, this form must be accompanied by a fabulation 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 transporten or other such change of condition. Ceparate Forms C-104 must be filled for each pool in multiply completed wells. 		
	$\begin{array}{c} \text{August 28, 1969} \\ \end{array}$				
	(Date)				