HO. OF COPIES REC	15	15	
DISTRIBUTE		Π	
SANTA FE	17		
FILE	1	L	
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR	1		
PRORATION OF			
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

	U.\$.G.\$,				AUTHORIZATION TO TI	ANU ANSPOD	T OU AND MATUR	141.046	. = D				
	LAND OFFICE				AUTHORIZATION TO TRANSPORT OIL AND NATUEA CEST VED								
	TRANSPORTER	TRANSPORTER OIL I OPERATOR OP							976				
I.									·				
1.	Operator		II		8. C. C.								
	Petro	-Sea	rch	ch, Inc. V									
	825 Petroleum Club Building, Denver, CO 80202												
	Reason(s) for filing (Check p	roper	box)		Other (Please explain)							
	New Well Recompletion	H			Change in Transporter of: Oil Dry (Gas [*Change in	Ownershi	nership effective				
	Change in Ownership	XX				lensate	April 1, 1	976					
	If change of ownership give name Armer Oil Company, 2110 Continental National Bank Bldg. Fort Worth, TX 76102												
II.	DESCRIPTION OF	ESCRIPTION OF WELL AND LEASE											
	Lease Name Arco Fed	dara'	7		Well No. Pool Name, Including		Kind of			Lease No.			
	Location	uera.	 -		1 Square Lake Grayburg-SA Stote, Feder				LC-029342(d)				
	Unit Letter	<u>H</u> ;	1	980	Feet From The <u>North</u> L	ine and	660 Feet 7	From The <u>Ea</u>					
	Line of Section	9		Cownsi	htp $17S$ Range 3	OE	, NMPM,		Eddy	County			
III.	DESIGNATION OF	TRAN	SPO	RTĘ	R OF OIL AND NATURAL G	AS							
	Name of Authorized Transporter of Oil A or Condensate Address (Give address to which approved copy of this form is to be sent) Navajo Refining Company-Pipe Line Div. North Freeman Avenue. Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas A or Dry Gas Address (Give address to which approved copy of this form is to be sent)												
	Name of Authorized Tr	er of C	Casing	Dany-Pide Line Di	V. North Address (Freeman Ave	enue, Ar	tesia. I	VM 88210				
	Continental Oil (pany	P.O.	Box 2197. Ho		ton, Texas 77001				
	If well produces oil or give location of tanks.		•	Ur	H 9 17S 30E	ı	Yes	When	7 /01 /50				
IV.	If this production is c	comming	gled v	vith th	hat from any other lease or pool,				1/24/73				
	Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Flug Back Same Res'v. Diff. Res'									v. Diff. Restv.			
}	Date Spudded				ate Compl. Ready to Prod.	Total Dep	1 1	P.B.T.D	1				
						lotal Bep	•••	P.B.1.D	•				
	Elevations (DF, RKB,	RT, GR ,	etc.j	Na	ame of Producing Formation	Top Oil/Gas Pay		Tubing I	Tubing Depth				
	Perforations					<u> </u>		Depth Co	eodS palen				
	TUBING, CASING, A				O CEMENTING RECORD								
-	HOLE SIZE				CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT				
									102				
-										.,			
V. 5	TEST DATA AND I	REQUE	EST I	FOR A	ALLOWABLE (Test must be a	fter recovery	of total volume of load	oil and must b	e ecral min at	ار <u>سیمی سد سد</u> د کمر کارین			
-	OII, WELL Date First New Oil Run	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to a conclusion of load oil and must be equal to											
-	Length of Test			Tul	bing Pressure	Casing Fire	S881176	Choke St	Choke Size				
													
	Actual Prod. During Te	•t		011	-Bbls.	Water-Bbl	.	Gas - MCI	7	1			
' <u>-</u> -													
	GAS WELL Actual Prod. Test-MCF/D Length of Test						ensate/MMCF	16		 1			
		.,.				Bota. Cond	enedia wwc r	Gravity o	f Condensate				
	Testing Method (pitot, i	back pr.,	,	Tub	oing Pressure (Shut-in)	Casing Pre	sawe (Shut-in)	Choke Si	10				
/I. C	ERTIFICATE OF	COMP	LIAN	CE		Ì	OIL CONSER	VATION CO	MMISSION				
1	nereby certify that the rules and regulations of the Oil Conservation			APPROVED APR 1 2 1976 BY									
С	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
in the second of									is any knowledge and belief				
_	Storge B. Leedof				udof	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened							
	(Signature) Production Manager					well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.							
-			TI	ger de)		All sections of this form must be filled out completely for allowable on new and recompleted wells.							
_	April 5,	1976				Fill	out only Sections I	. II. III, and					
			(Di	266)		well name or number, or transporter, or other such change of condition.							