NEW MEXICO OIL CONSERVATION COMMISSION

Drawer DD Artesia, N. M.

DISTRICT OFFICE #2

May thru Aug. 1975

NO. 2095 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE _____6/26/75

PURPOSE	ALLOWABLE ASSIGNMENT FOR	A NEW WELL (N-S)			
		wable of 3 barrels of oil per			
	day is hereby assigned to the Atlantic Fichfield Co., J. L. Keel B #30-0, 6-17-31, Grayburg Jackson Pool.				
	July " , 93 "				
	Aug. ", 93 "				
	, ,				
	WAG: jw				
	Atlantic Richfield Co.				
	TNM	OIL CONSERVATION COMMISSION			
	Fcon				
		3			
	DISTRICT SUPERVISOR				

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DISTRIBUTIO			
SANTA FE			
FILE			
U.\$.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
I HANGE ON I ER	GAS		
OPERATOR			

6/18/75

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

U.\$.G.S.	_ AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE					
TRANSPORTER GAS	RECEIVED				
OPERATOR PRORATION OFFICE	JUN 2 6 1975				
Operator					
Atlantic Richfield Com	ipany 🗸	· · · · · · · · · · · · · · · · · · ·	O. C. C.		
P. O. Box 1710, Hobbs,	New Mexico 88240		ARTEDIA, OFFICE		
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas	77 !			
Change in Ownership	Casinghead Gas Conden	sate			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
J. L. Keel "B"	30 Grayburg Jacks	<u> </u>	or Fee Federal LC-029435		
Location			rederal po ozorod		
Unit Letter 0; 430	Feet From The South Line	e and 2250 Feet From T	he East		
Line of Section 6 Tow	waship 17S Range	31E , _{NMPM} , Ec	ldy County		
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which approv			
Texas New Mexico Pipeli	ine Company	Box 1510, Midland, Texas Address (Give address to which approv			
Name of Authorized Transporter of Car					
Continental Pipeline Co	ompany Unit Sec. Twp. Age.	P.O. Box 2197, Houston, Is gas actually connected? Whe			
If well produces oil or liquids, give location of tanks.	C 8 17 31	Yes	3/5/75		
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
COMPLETION DATA		·	Dive Beek Come Beek Diver D		
Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
2/4/75	2/28/75	3250 '	3202 '		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
3760.4' GR	On Grayburg SA	2889'	2827 1		
Perforations 2889-91', 2945-51', 316	54-70 '		Depth Casing Shoe		
, , , , , , , , , , , , , , , , , , , ,	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4"	8-5/8" OD	506'	375		
7-7/8"	5-1/2" OD 2-7/8" OD	3249 ' 2827 '	760		
	2-1/8 OD	2821			
TEST DATA AND REQUEST F		fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	t, etc.)		
3/11/75	6/17/75	Flow			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs	50#	Pkr Water-Bbls.	32/64" Gas-MCF		
Actual Prod. During Test 106 bbls	3	103	1		
CAS NET I		(A) (B)			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-18)	Choke Size		
	:	Wight COUSERVA	TION COMMISSION		
I. CERTIFICATE OF COMPLIAN	ICE	JUN 2 6 19	Tion commission		
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	APPROVED 4	APPROVED		
above is true and complete to th	e best of my knowledge and belief.	BY // CA, EV CO.			
		SUPERVISOR, DI	STRICT II		
	2 17		compliance with RULE 1104.		
DI A Shi	ack Vlast	If this is a request for allow	vable for a newly drilled or deepend		
D. L. Shi	nature)	well, this form must be accompa tests taken on the well in acco	nied by a tabulation of the deviation		
Accountant I			st be filled out completely for allow		
	itle)	able on new and recompleted w	ella.		

able 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