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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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MAY 31 1977

I. Operator Atlantic Richfield Company
Address Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) _____

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Robinson Gas Com</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Undesignated Grbg Morrow</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-7596</u>
Location Unit Letter <u>E</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>17S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Scurlock Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>1216 Vaughan Bldg, Midland, TX 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) _____					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>27</u>	Twp. <u>17S</u>	Rge. <u>29E</u>	Is gas actually connected? <u>No - WO PLC</u>	When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded <u>2/13/77</u>	Date Compl. Ready to Prod. <u>5/13/77</u>	Total Depth <u>11,063'</u>		P.B.T.D. <u>10,999'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3547.3' GR</u>	Name of Producing Formation <u>Grbg Morrow Gas</u>	Top Oil/Gas Pay <u>10,911'</u>		Tubing Depth <u>10,795'</u>					
Perforations <u>10,911-10,929'</u>		Depth Casing Shoe <u>11,062'</u>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<u>26"</u>	<u>20" OD</u>		<u>190'</u>		<u>350 sx & 12 yds Redi-mix</u>				
<u>17 1/2"</u>	<u>13-3/8" OD</u>		<u>750'</u>		<u>640 sx</u>				
<u>11"</u>	<u>8-5/8" OD</u>		<u>3470'</u>		<u>1225 sx</u>				
<u>7-7/8"</u>	<u>5-1/2" OD</u>		<u>11,062'</u>		<u>1020 sx</u>				
	<u>2-7/8" OD</u>		<u>10,795'</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

(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)

GAS WELL

Actual Prod. Test-MCF/D <u>7,198 CAOF</u>	Length of Test <u>4 hrs</u>	Bbls. Condensate/MMCF <u>7</u>	Gravity of Condensate <u>53.3°</u>
Testing Method (pilot, back pr.) <u>4 pt back pressure</u>	Tubing Pressure (Shut-in) <u>3535 PSIG</u>	Casing Pressure (Shut-in) <u>Pkr</u>	Choke Size <u>Variable</u>

VI. CERTIFICATE OF COMPLIANCE

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.

R. L. Shackelford
(Signature)

Accountant I

(Title)

5/26/77

(Date)

OIL CONSERVATION COMMISSION

SEP 23 1977

APPROVED _____, 19____

BY W. A. Gressett

TITLE SUPERVISOR DISTRICT II

This form is to be filed in compliance with RULE 1104.

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.