	NO. OF COPIES RECEIVED 4	-1			
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION CO	SION	Form C-104
	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11	
	FILE	4	AND		Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND	NATURAL GA	NS .
	011 /	-	950514	PPR 120	
	TRANSPORTER GAS		RECEIV	ED	
	PROPATION OFFICE		NOV - 7 197	m	
1.	Operator Operator	NUV - 7 197	8		
	Viking Energy Corporation .				
	Address		ARTESIA, OFFICE		4. 10
	Reason(s) for filing (Check proper box	al Bank Bldg. Odess	a, TX 79761 Other (Pleas	e explain)	9.6
	New Well	Change in Transporter of:		•	3. Th
	Recompletion	Cil Dry (Gas 🔲		The Comments of the Comments o
	Change in Ownership	Casinghead Gas Cond	lensate CASINGH		AUST THE PERSON
	If change of ownership give name				
	and address of previous owner UNLESS AN EXCEPTION TO SUL 3 06				
11.	DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including		Kind of Lease Roose, Federal of	Lease No.
	Arco-Federal	l Grayburg-Jac	ckson	Avera	LC 029426 (b)
	Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East				
	Line of Section 10 Township 17-S Range 31-E , NMPM, Eddy County				
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil				
	Name of Authorized Transporter of Oil Texas - NM P. Peline (Atlantic Richfield Go		Address (Give address to which approved copy of this form is to be sent) 2528 Hobbs, NM 88240		
	Atlantic Richfield Company P. O. Rox 1619 Midland, TX 79701 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
\	Undetermined				
<i>\</i>	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connect	ed? When	· · · · · · · · · · · · · · · · · · ·
,	give location of tanks. B 10 17-S 31-E no On or about 12-1-78				
	If this production is commingled with	th that from any other lease or pool	l, give commingling orde	r number:	
3 V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic	<u>, X</u>	<u> </u>	1	1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.
	8-26-78 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	5515* Top Cil/Gas Pay		3680 Tubing Depth
	DF 3950'	Grayburg	3402'		3397'
	Perforations	024/5528			Depth Casing Shoe
	3402-03-04-05-41-42-43, 3538-40-58-60-70-72-74-76				5515
			ND CEMENTING RECOR		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEMENT
	17 1/2"	14" 8 5/8"	35' 810'		90 400
	12 1/4" 7 7/8"	4 1/2"	5515'		850
	4 1/2"	2 3/8"	3397'		none
ν.'	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-				
• •	OIL WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test		o, բևար, gas «դւ,	200.7
	10-25-78 Length of Test	Tubing Pressure	Pump Casing Pressure		Choke Size
	24 hrs	Pump	20#		none
	Actual Pred, During Test	Oil-Bbis.	Water-Bble,		Gas-MCF
		81	160		
	GAS WELL				1.6
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate
1			1	7-3	1 (·
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-1n j	Choke Size Jhan
[VI	CERTIFICATE OF COMPLIANCE	L	OII (CONSERVAT	ION COMMISSION SIN
v	CENTRAL POLICE OF COME DIVING	OIL CONSERVATION COMMISSION THE			

Vice President (Title)

11-2-78

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.

SUPERVISOR, DISTRICT II TITLE _

APPROVED

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

If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULZ 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. 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 filled for each pool in multiply completed wells.