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_	HO. OF COPIES RECEIVE	0		_									
L	DISTRIBUTION		_ _		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE							Calon	The state of the s
	SANTA FE		4	_}								44C-104 and C-	
Γ	FILE V				AND								
	U.S.G.S.				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS FEB 06 1984								
	LAND OFFICE				FE.D U0 1304								
	TRANSPORTER -	AS	i'									Ç. D.	
-		A3	<del>*/ </del> -							1	ARTES	A CERT	CE.
F	OPERATOR		<del>/</del>  -							F		AND DESCRIPTION OF THE PERSON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
· þ	PRORATION OFFIC		سلب								<del></del>		
	Division of Atlantic Richfield Co.  Address												
L	P.O. Box 1710, Hobbs, NM 88240  Reason(s) for filing (Check proper box)  Other (Please explain)												
- 1	```	ox)	Change in Transporter of:  Please assign a 100						, 1000 bb	1 011	allowable		
ı	New Well	╣			-	. Iranspo	<del></del> -1		1				
	Recompletion				Oil Dry Gas during the month of February 1984 Casinghead Gas Condensate test & complete well.						1904 10		
L	Change in Ownership				Casinghead Gas Condensate Etest & Complete Well.								
. <u>.</u>	f change of ownership and address of previou DESCRIPTION OF	us own	er	D LE	ASE			Especial Co.		Kind of Leas			Legse No
İ	Lease Name	-	lla II		1 1		me, Includin			State, Federa		Fed	IC-02943
+	J.L. Ke	eel	.R.,		32	Gray	burg Ja	ckson (L	COLLY	1			<u> </u>
	Unit Letter B	;		198	80 Feet Fro	m The _	East_	Line and	660	Feet From	The No	rth	
	Line of Section	6		Towns	hip 17	7S	Range	31E	, NMP	м, Ес	ldy		County
. <u>I</u>	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)												
Í		Name of Authorized Transporter								8, Hobbs,	NM 8824	.0	
-	Name of Authorized Tro	ansport	er of (	Casino	head Gas [V	7 or I	Dry Gas	Address	Give address	to which appro	ved copy of th	is form is	to be sent)
1				J. 201119	)saa oas [_]	NX or -	ري دده	!	D O D 1050 W: 11 1 TTV 70702				
	Conoco, Inc.								P.O. Box 1959, Midland, TX 79702				
	If well produces oil or	liquids		¦υ	nit Sec	!			is gas actually connected?				
	give location of tanks.				C   8			1 No	amingling and	er number:	PC-61	2	
	f this production is c		gled	with t									es'v. Diff. Res
Ī	Designate Type of Completic							l New We	New Well Workover Deepen		Plug Back	Same R	es-v, Diff. Nes
-	Designate Type	01 60	unbre	tion	- (A)						<del>-   </del>	<u>t</u>	<u>i</u>
l	Date Spudded			D	ate Compl. F	leady to	Prod.	Total D	epth		P.B.T.D.		
	Elevations (DF, RKB,	RT, GF	₹, etc.	j N	ame of Produ	•		Top Oi	/Gas Pay		Tubing Dep	th	
					Grbg San Andres 3413, 16, 3418, 3256, 62,			62, 64,	64, 66, 3171, 73, 78,			Depth Casing Shoe	
	82'			32	24'						ــــــــــــــــــــــــــــــــــــــ		<u> </u>
				TUBING, CASING, AND			AND CEME				CACKE CEMENT		
	HOLE SI	HOLE SIZE				3 & TUE	BING SIZE		DEPTH	SET	SACKS CEMENT		
1											<del> </del>		
										<del> </del>			
,	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 allowable for this depth or he (or full 24 hours)												
•	OIL WELL		~=		~		able for thi	a depth or be	for full 24 hot	ur <b>s</b> )			
į	Date First New Oil Ru	anks	I	Date of Test			Produc	Producing Method (Flow, pump, gas life					
	Length of Test	Length of Test			Tubing Press	in.e		Casing	Pressure		Choke Size	*	
	Actual Prod. During Test			Oil-Bbis.			Water -	Water - Bbls.		Gas-MCF			
	GAS WELL	AS WELL											
	Actual Prod. Test-MCF/D				Length of Test			Bble.	Bbls. Condensate/MMCF			Gravity of Condensate	
	Testing Method (pitot	, back	pr.)		Pubing Press	swe (Sh	ut-in)	Casing	Pressure (Sh	ut-in)	Choke Size	)	
								<del>-  </del>			A TION: 00	- A 41 C C	ION
Ί.	I. CERTIFICATE OF COMPLIANCE							OIL CONSERVATION COMMISSION FEB - 7 1984					
	and the standard and annulations of the Oil Conservation						ion   APF	APPROVED, 19					
	I hereby certify that the rules and regulations of the Oil Conservation							ven	Original Signed Sy				

BY\_

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

N.X.	Sha	Kolfor		<del></del>
	_,	(Signature)	/	
Engrg.	Tech.	Spec.		
2 ( 0/		(Title)		

(Date)

Supervisor District II TITLE \_\_ This form is to be filed in compliance with RULE 1104.

Leslie A. Clamanis

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. Separate Forms C-104 must be filed for each pool in multiply completed wells.