^	NO. OF COPIES RECEIVED				
-	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	- 15989C-DDA	
	SANTA FE	REQUEST F	OR ALLOWABLE	EC.ESupersedes Old C-114 and C-110 Effective 1-1-65	
	FILE V V	4417116717471614 TO TO AN	AND		
}	LAND OFFICE	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G		
<b> </b>	TRANSPORTER OIL GAS		1	O. C. D. ARTESIA, OFFICE	
t	OPERATOR ,			A STATE OF THE STA	
1.	PRORATION OFFICE				
j	Division of Atlantic Richfield Co.				
	ddress				
P.O. Box 1710, Hobbs, NM 88240					
	Reason(s) for filing (Check proper box)		Other (Please explain)	775 bb1 cd1 c11cmcl1.	
	New Well Recompletion	Change in Transporter of: Oil Dry Gas		775 bbl oil allowable h of March 1984 to	
	Change in Ownership	Casinghead Gas Condens			
			3171-3118		
If change of ownership give name and address of previous owner					
	TO DESCRIPTION OF HIGH AND LEASE				
II.	I. DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Pool Name, Including Formation   W.   Kind of Lease   Lease No.				
J.L. Keel "B" 32 Grayburg Jackson (QGSA) State, Federal or Fee Fed IC-02943				cr Fee Fed IC-029435-	
Location					
	Unit Letter B : 1980	Feet From The East Line	and 660 Feet From T	heNorth	
	Line of Section 6 Town	ship 17S Range	31E , NMPM, Ed	dv County	
	Line of Section C Town				
ın.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	5	dalis for it to be conti	
	Name of Authorized Transporter of Oil		Address (Give address to which approve	_	
	Texas New Mexico	ripeline Co.	P.O. Box 2528, Hobbs Address (Give address to which approv	NM 88240 ed copy of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas 💢 or Dry Gas 🗀 Conoco, Inc.		P.O. Box 1959, Midland, TX 79702		
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
	give location of tanks.	C   8   17   31	No		
	If this production is commingled with	that from any other lease or pool,	give commingling order number:	PC-612	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
	Designate Type of Completion	A = (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Lievanous (Dr., RRB, Rr, OR, etc.)	Grayburg San Andres			
	Perforations 3390, 96, 98, 3413, 16, 3418, 3256,		, 62, 64, 66; 3171, 73,	Depth Casing Shoe	
78, 82' RBP @ 3224' TUBING, CASING, AND CEMENTING RECORD					
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed				and must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks  Date of Test  OTHER TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or example for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)					
				i, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	, o			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
			<u></u>		
	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
			45244	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CHURT DAGE	
	CODE OF COMPLETE		OIL CONSERVA	TION COMMISSION	
V	I. CERTIFICATE OF COMPLIANCE		MAR 0 9 1984		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Loslie A. Clements		
	BUUTE IS LINE BILL COMPLETE TO THE SECOND TO THE SECOND		Supervisor District II		
			TITLE		
	D. L. Shackelford		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened		
	(Signiwe) Engrg. Tech. Spec. (Title)			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 my	ist be filled out completely for allow	
			able on new and recompleted wells.		

3/2/84

(Date)

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.