	7		
NO. OF COPIES RECEIVED		ONICEDIA TIONI COMMUSSIONI	Form C-104
DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE	REQUEST	AND	Effective 1-1-65
U.S.G.S.	= AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS
LAND OFFICE	AGTHORIZATION TO THE		
IRANSPORTER OIL			RECEIVED
GAS	"Effective	May 3, 1966, The Atlantic	, VED
OPERATOR '	Refining Co	ompany changed its name to	5 - 11 IAI 4 4
PRORATION OFFICE	Atlantic R	ichfield Company"	JUN 1 6 1965
Operator	in in a Comment		
A STATE OF THE STA	. Laborator of the state of the		ARTESIA, OFFICE
Address # # # # # # # # # # # # # # # # # #	The service of T. Bissey Billion of com.	্ হার্থ কি শা প্র	OFFICE
Reason(s) for filing (Check proper box	Roswell, New Mexico	Other (Please explain)	
New Well	Change in Transporter of:		a cermection
Recompletion	Oil Dry Ga		పారం - 'ఆలక్షిముకు అయ్కు క్రామం కొయ్యా ముద్దా మృక్తి మర్గు తెక్కువ
Change in Ownership	Casinghead Gas Condex	nsate	
of the same same			
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		Kind of Lease
Lease Name	Well No. Fool No	ime, Including Formation	Kind of Lease State, Federal of Fee 1985 19
State AC	2 366	Qid.312 B Q	State, Federal of Fee
Location			_
Unit Letter 3 ;	<u>.980</u> Feet From The <u>කොද්රා</u> Lir	ne and <u>fact</u> Feet From	The ARE
65,	1 3 4	, NMPM,	County County
Line of Section 2 , To	ownship 185 Range	A Comment of	CACOTA OF
	change from ALGA	AS 3411 Knoxville	Avenue
Eff. 4/1/70 name	Change IIOm	Add Lubbock, Texas	79 41 3
Service to Amoco	Pipeline Co.		7.8
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form to the end.
Phillips Fetrole		Is gas actually connected?	Carrie Carrie
If well produces oil or liquids,	Unit Sec. Twp. Rige.	Is gas actually connected? W	hen
give location of tanks.	3 2 135 27	305	Programme of the second
If this production is commingled v	with that from any other lease or pool,	, give commingling order number:	
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Complet			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
totale bpassed			
Fool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		ND CEMENTING RECORD	CACKS CENENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	TOP ALLOWARY OF	after recovery of total values of load of	il and must be equal to or exceed top al:
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this c		
OIL WELL Date First New Oil Rus, To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
TARE I HOUNG OF THE TO THERE			
Length of Test	Tubing Pressure	Casir.g Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
		1	
GAS WELL		Dis Condensate ANICE	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Granty of Condensate
	1		
		Casina Drescute	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
		OU CONSERV	/ATION COMMISSION
CERTIFICATE OF COMPLIA	ANCE	OIL CONSERV	
. CERTIFICATE OF COMPLIA I hereby certify that the rules an	ANCE nd regulations of the Oil Conservation give	OIL CONSERV JUN J	vation commission 6 1965
I. CERTIFICATE OF COMPLIA I hereby certify that the rules and the rules are the rules	ANCE	OIL CONSERV JUN J	vation commission 6 1965

District Production & Drilling Supit

June 15, 1965

(Date)

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 allow able on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multiple completed wells.