	NO. OF COPIES RECEIVED	3			
	DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMISSION		
	SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersodes Old C-104 and C-11	
	U.S.G.S.	ν			
	LAND OFFICE	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL G	AS	
	TRANSPORTER OIL / GAS /	-	•		
I.	OPERATOR / 1979 PRORATION OFFICE				
	Operator ARCO Oil and Gas Company — Division of Atlantic Richfield Company ARTESIA, OFFICE				
	Address				
	P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:	Change in Operato	or Name	
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde	H GT16CL1A6. 4-7-1.) •	
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND		ime, Including Formation	Kind of Lease	
	W. Red Lake Uni	t 1 Red	Lake Q.G.SA	State, Federal or Fee Fee	
	Location M	10 d 1/	010	/4)	
	Unit Letter ;	Lin Feet From The South Lin	ne and 960 Feet From T	he West	
	Line of Section 6 , Tov	waship / g S Range	27E , NMPM, E	ddy County	
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	NS.		
	Name of Authorized Transporter of Cil C or Condensate Address (Give address to which approved copy of this form is to be sent)				
	None of Authorized Fransporter of Castaghead Gas A or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
	Phillep Petroleum	Company		esto, Texas 79762	
	If well produces oil or liquids, give location of tanks.	Unit See. Twp. Rge. B 7 185 27E	Is gas actually connected? When	9-29-60	
		th that from any other lease or pool,		7-27-60	
IV.	COMPLETION DATA	Oil Well Gas Well New Weil Workover Deepen Plug Back Same Besty Diff Backy			
	Designate Type of Completio				
	No Change	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations		<u> </u>	Depth Casing Shoo	
	HOLE SIZE	TUBING, CASING, AND	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
		<u> </u>			
		İ			
v.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil a epth or be for full 24 hours)	nd must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	No Change Length of Test Tubing Pressure Casing F		Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
	Taking Memor (Pilot)	Tabling Pressure	Costing Pressure	Choke Size	
И.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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.		APPROVED APR 11 1979 BY W. A. Sussett		
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			TITLESUPERVISOR, DISTRICT II		
	Mary H. Khaka		This for, is to be filled in compliance with Rule 1101. If this is a request for allowable for a newly drilled or deepened		
	(Signature) (strict Prod & Drlg Supt. 3/27/19		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
		(Tule)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
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