- ⊢	DISTRIBUTION SANTA FE /	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55
	U.S.G.S. LAND OFFICE IRANSPORTER GAS /	AUTHORIZATION TO TRAN	AND SPORT OIL AND NATURAL GA	
1.	OPERATOR / PRORATION OFFICE Operator			AUG 7 1988
	Atlantic Richfield			ARTESIA, OFFICE
	Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership If change of ownership give name	well, New Mexico 882 Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Included in W. effective 8-1-6	Red Lake Unit 8- change in name "C" Federal Lease
	and address of previous owner DESCRIPTION OF WELL AND L Lease Name	EASE. Well No. Pool Name, Including For	mation Kind of Lease	Lease No.
	W. Red Lake Unit Location Unit Letter H ; 160	14 Red Lake Gray 5 Feet From The north Line	hurg-SA	exzex#14-08-0\$01-8970
	Olik Letter		7E , NMPM, Edo	dy County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Continental Pipe Li	Address (Give address to which approved the Land Clark, Box 419 = Artesia, I Address (Give address to which approv	1	
	If well produces oil or liquids,	Company Unit Sec. Twp. Rge.	Phillips Bldg. Odes: Is gas actually connected? Whe	sa, Texas
IV.	give location of tanks. If this production is commingled with COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio		Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
	Perforations TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		OR ALLOWARD E. (Tour much a c	free recovery of total volume of load oil	and must be equal to or exceed top allow-
V	. TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
**	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATION 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.

ackleading	A.D.	Kloxin	
(Signature)			

District Production & Drilling Supt.

August 6, 1968

(Date)

OIL AND GAS INSPECTOR

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

TITLE .

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.