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İ	DISTRIBUTIO							
	SANTA FE		1					
	FILE			/-				
İ	U.S.G.S.			1/2				
	LAND OFFICE							
	TRANSPORTER	OIL		1				
-		GAS		1				
1	OPERATOR		ĺΩ)					
.]	PRORATION OF							
	Operator Atlantic Richfield (
	P. O. Box 1978, Rosw Reason(s) for filing (Check proper box New Well Recompletion							
i		====						

June 9, 1969 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION RIEGRIESTI FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE	<u>/-</u>		AND	. C. C.		Effe	ective 1-1-65			
U.S.G.S.	AUT	THORIZATION TRA			ATURAL G	AS JUN	1 9 1.			
LAND OFFICE	7	OUN 1 /	14 1	M 199	_					
TRANSPORTER GAS	/					ا مالاندار	C. C.			
OPERATOR	<u> </u>					LANGE.	At SHIT WAT	,		
PRORATION OFFICE						 				
Atlantic Richfiel Address	Atlantic Richfield Company									
P. O. Box 1978, Re	P. O. Box 1978, Roswell, New Mexico									
Reason(s) for filing (Check proper	Reason(s) for filing (Check proper box)					Other (Please explain) Change from Continental Pipe Line Company				
New Well Recompletion										
Change in Ownership	Oil Casin	X Dry Gas		Tipotine 21 ibio.						
					29					
If change of ownership give name and address of previous owner _										
. DESCRIPTION OF WELL A	ID I FASE									
Lease Name		No. Pool Name, Including Fo	rmation		Kind of Lease			Lease No.		
West Red Lake Uni	. 7	Red Lake Gray	burg -	S.A.	State, Federal	9º/F/9NM)4175(a)			
Location	10			4000						
Unit Letter B; 99	Feet	From The <u>north</u> Line	and	1980	_ Feet From 1	he <u>eas</u>	st			
Line of Section 7	Township 1	8 South Range 2	7 East	, NMPM,	Eddy	, 1		County		
Name of Authorized Transporter of		OIL AND NATURAL GAS		(Give address to	which approx	ed copy of th	is form is to	be sent)		
			_					· /		
Name of Authorized Transporter of	Navajo Refining Co - Pipe Line Division P. O. Box 67, Artesia, Name of A thorized Transporter of Casinghead Gas A or Dry Gas Address (Give address to which approved							be sent)		
Phillips Petroleum Pan American Petro			Phi	llips Buil	ding, Od Hobbs,	lessa. Te New Mex	xas			
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.	Is gas ac	tually connected	i? Wh∈	rn.				
	B i	7 18S 27E	Ye:		numha=:	1960				
If this production is commingled. COMPLETION DATA										
Designate Type of Compl	etion - (X)	Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Restv		
Date Spudded		ol. Ready to Prod.	Total De	pth	1	P.B.T.D.	<u>L</u>	<u> </u>		
Date opdaded	Date Comp	pur noday to riod.	. 5,2, 5e	F						
Elevations (DF, RKB, RT, GR, et	Name of P	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
				<u> </u>		Depth Casing Shoe				
Perforations			Deptil Cast	ng phoe						
		TUBING, CASING, AND	CEMEN	TING RECORD)					
HOLE SIZE	CAS	ING & TUBING SIZE		DEPTH SE		S	ACKS CEME	ENT		
						 				
						 				
. TEST DATA AND REQUES	FOR ALLO	WABLE (Test must be a)				and must be e	iqual to or ex	ceed top allow		
OIL WELL Date First New Oil Run To Tanks		able for this de		or full 24 hours) a Method (Flow,		ft, etc.)		 		
Date Little New Off Way to I duka	Data 01 16			(* ***)	er "	-				
Length of Test	Tubing Pr	essure	Casing F	ressure		Choke Size				
			14/	ble		Ggs-MCF				
Actual Prod. During Test	Oil-Bhis.	•	Water - B	D12.		GGS - MCF				
			<u> </u>			<u>.l</u>				
GAS WELL			<u> </u>							
Actual Prod. Test-MCF/D	Length of	Test	Bbls. Co	ndensate/MMCF	•	Gravity of	Condensate			
Tantas Malkas Asias kashari	Tubie De	essure (Shut-in)	Castes 5	ressure (Shut-	inl	Choke Size				
Testing Method (pitot, back pr.)	1 dbing Pr				•					
CERTIFICATE OF COMPT	CERTIFICATE OF COMPLIANCE			OIL C	ONSERVA	TION CO	MMISSION	1		
. CLUMPICATE OF COMPL	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.				OIL CONSERVATION COMMISSION APPROVED BY APPROVED APPROVED BY					
I hereby certify that the rules										
Commission have been compli										
			 TITL	F	OIL AND	GAS INSPL	CTGR			
_ ,			ļļ.		ha #11=# 10		with min -	1104		
anker.	lin	A. D. Kloxin		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened						
	Signature)	~. MICAIN	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in-accordance with RULE 111.							
District Production				II sections of	this form mu	st be filled				
	(Title)				All sections of this form must be filled out completely for allow able on new and recompleted wells.					

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.