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	U.S.G.S.					
	LAND OFFICE					
	IRANSPORTER	OIL				
		GAS		1.		
	OPERATOR			Ī		
ı.	PRORATION OFFICE					
İ	Operator					
	Atlantic Richfield					
	Address					
	P. O. Box 1978, Rosw					
	Reason(s) for filing (Check proper box					

June 9, 1969 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION HARRY REQUEST FOR ALLOWABLE

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

FILE ,	12 MARCHARDE (V.)	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO THE	NEGORT OIL AND NATURAL	GAS	
LAND OFFICE	Junit 2 In th	63		
TRANSPORTER GAS	1		7.7309	
OPERATOR PRORATION OFFICE				
Operator	•			
Atlantic Richfield Address	Company			
P. O. Box 1978, Ros Reason(s) for filing (Check proper bo	Swell, New Mexico	Other (Please explain)		
New Well	Change in Transporter of:	' ' ' '	inental Pipe Line Compan	
Recompletion	Oil X Dry Gas	s 🔲 🛮 to Nav ^a jo Refini	ing Co - Pipeline Divisio	
Change in Ownership	Casinghead Gas Conden	sate effective 5-28-6	89	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fo	ormation Kind of Lea	So Liver No.	
Lease Name West Red Lake Unit	7 Red Lake Gray		Lease No. al 9 ^t /F/e ^g NM 04175(a)	
Location	. Red Lake Gray	buig - 5.A. ///	/// NM 04173(a)	
Unit Letter B; 990	Feet From The <u>north</u> Line	e and 1980 Feet From	The <u>east</u>	
Line of Section 7 T	ownship 18 South Range 2	7 East NMPM, Edd	County	
	RTER OF OIL AND NATURAL GA			
Name of Authorized Transporter of C		Address (Give address to which appro		
	- PipeLine Division Casinghead Gas A or Dry Gas	P. O. Box 67, Artesi Address (Give address to which appro	a, New Mexico oved copy of this form is to be sent)	
Phillips Petroleum Pan American Petrol	Company eum Corporation	Phillips Building, Odessa, Texas P. O. Box 68, Hobbs, New Mexico Is gas actually connected? When		
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	hen	
give location of tanks.	B 7 18S 27E	<u> </u>	1960	
If this production is commingled v COMPLETION DATA	with that from any other lease or pool,	give commingling order number:		
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations Depth Casing Shoe				
	TUBING, CASING, AN			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oi pth or be for full 24 hours)	l and 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERY	ATION COMMISSION	
I handy acidity shat the culor	d regulations of the Oil Conservation	APPROVED	19	
Commission have been complied	i with and that the information given	OIL AND GAS INSPECTOR		
above is true and complete to	the best of my knowledge and belief.			
•		TITLE		
CIKPI, 1		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
arkea!	A. D. Kloxin	I wait this form must be accome	panied by a tabulation of the deviation	
District Production		tests taken on the well in acc	ordance with RULE 111. nust be filled out completely for allow	
	Title)	All sections of this form in able 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.