		,		
٢	NO. OF COPIES RECEIVED	•		
+	DISTRIBUTION	NEW MEXICO OIL CO	DUSEBUATION COMMISSION	Form C-104
-	SANTA FE /	REQUEST FOREASLOWABLE C. C. C.		
	FILE /-	AND TO		
-	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUN 13 1969		
-	LAND OFFICE OIL /	JUN 1 D 101		
	TRANSPORTER GAS			-
<u> </u>	OPERATOR 2			O. C. C. ARTEBIA. OFFICE
ı. [PRORATION OFFICE			Burrow alling
	Atlantic Richfield Company			
	P. O. Box 1978, Roswell, New Mexico 88201			
ŀ	Reason(s) for filing (Check proper box)		Other (Please explain)	
1	New Well	Change in Transporter of:	0 -	nental Pipe Line Company
	Recompletion	Oil X Dry Gas		g Co - Pipeline Division
L	Change in Ownership	Casinghead Gas Condens	sate effective 5-28-69	
	change of ownership give name nd address of previous owner			
_	ESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.			
ĺ	Lease Name		State Federal	or RAWX LC067981(a)
West Red Lake Unit 8 Red Lake Grayburg SA XXXX SOUTH AND LEGG 7961 (Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East				
				he <u>East</u>
	Omit Detter i i 100			
ايا	Line of Section 7 Tow	mship 18S Range	27E , NMPM, Eddy	County
) -	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
ļ	Navajo Refining Co -		P. O. Box 67, Artesia	, New Mexico
	Name of a thorized Transporter of Casinghead Gas A or Dry Gas A Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) Phillips Building, Odessa, Texas	
	Pan American Petroleum Co	ım Corp	P. O. Box 68, Hobbs,	New Mexico
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		
Į	give location of tanks. B 7 18S 27E yes Oct. 3, 1960 If this production is commingled with that from any other lease or pool, give commingling order number:			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, a	give comminging order number:	
` [Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
			<u> </u>	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.1.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
1				
		· · · · · · · · · · · · · · · · · · ·	DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEFINSE	3,3,3,3,2,11,1
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
		1		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Wester Dhir	Gas-MCF
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	
		<u> </u>		
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
				Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	CHURT 5124
.	CONDUCTOR OF COURT IS	CF	OIL CONSERVA	ATION COMMISSION
VI.	. CERTIFICATE OF COMPLIANCE		JUN	1.7 1960
	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 19	
			By 13. I Lamst	
			OIL AND GAS INSPECTOR	
			TITLE	
	(Signature) 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 well, this form must be accompanied by a tabulation of the deviation	
	(Sign	;u.u. €/	tests taken on the well in acco	ordance with RULE 111.

(Date)

District Production & DrillingSupt (Title)

June 9, 1969

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.