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NO. OF COPIES RECI	CIVED			
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SANTA FE				
FILE			تعنعد	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
IRANSFORIER	GAS	رہ		
OPERATOR				
PRORATION OF	ICE			
Operator				
Atlantic Richfiel				
Address				
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1-2-69

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

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.

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.

-	FILE / w		AND	RECEIVED	
t	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	1000	
	TRANSPORTER GAS GA	•		JAN 3 1969	
1.	OPERATOR PRORATION OFFICE			O. C. C. ARTESIA, DEFICE	
	Operator Atlantic Richfield	Company			
l	Address	Company			
	O Box 1978, Roswell, New Mexico 88201 Other (Please explain)				
	New Well	Change in Transporter of: Oil Dry Gas	To indicate Ce	ntral Battery Locati	
	Recompletion Change in Ownership	Casinghead Gas Condens		and gas transporter	
	If change of ownership give name				
	DESCRIPTION OF WELL AND I	EASE	rmation Kind of Lease	Legse No.	
	Lease Name West Red Lake Unit	Well No. Pool Name, Including For 10 Red Lake Gra		· · ·	
	Location				
	Unit Letter J; 165	50 Feet From The <u>East</u> Line	e and 2310 Feet From T	heSouth	
	Line of Section 7 Tow	mship 18S Range 27	7E , NMPM, Ed	dy County	
iI.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Oil Continental Pipe Li	ine Company	N Freeman Ave. Art	esiacNew Mexico	
	Name of Authorized Transporter of Cas		Phillips Building, C	ded copy of this form is to be sent)	
-	Pan American Petro		Is gas actually connected? Whe	New Mexico	
	give location of tanks.	B 7 18S 27E	yes	unknown	
V.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, a		Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	$\operatorname{On} - (X)$ Oil Well Gas Well	New Well Workover Deepen	Flag Buck Same fred 1.	
	Date Spudded	Date Compl. Ready to Ptod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil other pth or be for full 24 hours)	and must be equal to or exceed top allow	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Oti - Bbls.	Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	0.1702.5.			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D		Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
V	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ation commission 6 1969	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1 (2 : 100	, v	
	above is true and complete to th	best of my knowledge and belief.			
			·	CAS INSPECTOR	
	a Robert .	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 deepen		
	, -	I tests taken ou the Mart III secondaries with the		ordence with RULE 111.	
	District Production	on & Drilling Supt	All sections of this form mable on new and recompleted	nust be filled out completely for allow wells.	