				. •				
	NO. OF COPIES RECEIVED	7	•					
-	SANTA FE	REQUEST FOR ALLOWABLE				ON	Form C-104	
	FILE		02311	AND	OWADLE		Supersedes Old C-104 and C-11 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION T	O TRAN		OIL AND NAT	URAL C	ARECEIVED	
	LAND OFFICE						LUEIVED	
	TRANSPORTER OIL			•				
	GAS /	-					APR - 2 1979	
T	PRORATION OFFICE	-	•	• .				
	Operator ARCO Oil and G	as Company -	<u> </u>				ARTESIA, OFFICE	
	Division of At	lantic Richfield Com	ipany				SKILSA, DEEDE	
	Address							
P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box)								
	Reason(s) for filing (Check proper box) Other (Please explain)   New Well Change in Transporter of: Change in Operator Name   Recompletion Oil Dry Gas effective: 4-1-79							
Change in Ownership Casinghead Gas Condensate								
	If change of ownership give name					·····		
and address of previous owner								
II. DESCRIPTION OF WELL AND LEASE							-	
	Lease Name		ool Name	, including	Formation		Kind of Lease	
	W. Red Lake Uni	E 61	Red L	ake	Q.G.SA		State, Federal or Fee Fee	
	Location		•					
Unit Letter K: 2580 Feet From The West Line and 2460 Feet From The South Line of Section 7, Township 185 Range 27E, NMPM, Eddy							no South	
							dda	
		10 2	<u>.</u>	4/6		<i>L</i> _	day County	
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURA	L GAS				-	
	Name of Authorized Transporter of Cil			D		· · ·	ed copy of this form is to be sent)	
	Note of Authorized Transporter of Cas	Singhead Gas a or Dry Gas		P.O. /3 Address (G	1 1 1 S, Is	<u>ytedia</u>	ed copy of this form is to be sent)	
	Phillets Petroleum	Comhaner	- I.	//	Pailent	)	/ _	
	If well produces oil or liquids,	يحجرني متجربين منجوب ويحدد والمراجع المتخذ فأتحد المراجع المراجع المراجع فالمتحاد المراجع المراجع المراجع	ge. I	is gas actu	ally connected?	Whe	lesla, 1exas 79762	
	give location of tanks.	K 7 185 2	TE		Le.	i	1950	
	If this production is commingled with			ve commin	uting order num	ber:		
	COMPLETION DATA				_			
	Designate Type of Completio	on - (X) Oil Well Gas	Well N	New Well	Workover D	eepen	Plug Back Scme Res'v. Diff. Hes'v.	
·	Date Spudded	Date Compl. Ready to Prod.		Total Dept	<u></u>		P.B.T.D.	
	No Change			•				
	Pool	Name of Producing Formation	1	Fop Oll/Ga	s Pay		Tubing Depth	
	Periorations	Depth Casing Shoe						
	· · · · · · · · · · · · · · · · · · ·	TUBING, CASING		FUENTI	NG PECOPD			
	HOLE SIZE	CASING & TUBING SIZ		# 64 /// 64 / Y   1	DEPTH SET		SACKS CEMENT	
	·				······································			
*7								
۷.	TEST DATA AND REQUEST FO		st be after this depth	r recovery in the for j	of total volume of full 24 hours)	load oil a	nd 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.)							, etc.)	
	No Change							
•	Length of Test	Tubing Pressure		Casing Pres	ssure		Choke Siza	
	Actual Prod. During Test	Oll - Bbls.		Vater - Bbls	•		Gas-MCF	
	-			-	-			
	······································	•		***				
1	GAS WELL			<u> </u>				
	Actual Prod. Test-MCF/D	Length of Test	E	Bbls. Conde	ensate/1/MCF		Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure		asing Pres	Sule		Choke Size	
VI.	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				ABBROVED			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY_Warrent				
•				STIPERUSOR DISTRICT II				
		·		TITLE _				
	Sum 11	l'a					ompliance with RULE 1104.	
	(Signa		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 till.					
	District Prod & Drlg Su							
-		(Tille) 3/27/29					t be filled out completely for allow- lls.	
		-7121119	11					

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