NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST,,	EDS WITH DEMONSTEEC.	Suppledes Old C-104 and C-11 Effective 1-1-65
FILE /-		F1110	
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL PHIOGRATURAL	GAS JUN 1 3 10 1
TRANSPORTER GAS 2			C. C. P.
OPERATOR 2 PRORATION OFFICE			First SM. Orming
Atlantic Richfield C	Company /		
Address P. O. Box 1978, Rosw	ell, New Mexico 88201		
Reason(s) for filing (Check proper box,		Other (Please explain)	
New Well	Change in Transporter of:	Change from Con	tinental Pipe Line Compan
Recompletion Change in Ownership	Oil X Dry Ga Casinghead Gas Conder		ing Co - Pipeline Divisio
If change of ownership give name and address of previous owner		29	
·	LACE		
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F		
West Red Lake Unit	28 Red Lake Gra	yburg SA Syrje, Fed.	eral 9 / / NM-031186
Unit Letter D; 9	90 Feet From The North Lin	e and 330 Feet Fro	m The West
Line of Section 9 Tov	wnship 18S Range 2	27E , NMPM, Eddy	County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of Oil Navajo Refining Co		Address (Give address to which app P. O. Box 67, Artesia	Now Moving
Name of Authorized Transporter of Car		Address (Give address to which app	proved copy of this form is to be sent)
Phillips Pet. Compan Pan American Pet. Co	rp.	Phillips Building Ode P. O. Box 68, Hobbs,	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. B 7 18S 27E		August 1960
If this production is commingled wi IV. COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	1	1	Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	OR ALLOWABLE (Test must be a	after recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF
GAS WELL		I Division of the control of the con	Complete of Condensate
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
VI. CERTIFICATE OF COMPLIAN	(CE	OIL CONSER	VATION COMMISSION
	regulations of the Oil Conservation	APPROVED	

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.

applatin	A. D. Kloxin	
(Signature)		

District Production & Prilling Supt.

June 9, 1969

(Date)

CIL AND SAS INSPECTOR TITLE

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 tests taken on the well in accordance with RULE 111.

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.