

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

AUG 7 1968

D.C.C.  
ARTESIA OFFICE

I. Operator  
Atlantic Richfield Company  
Address  
P.O. Box 1978 - Roswell, New Mexico 88201  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Included in W. Red Lake Unit  
Recompletion ☐ Oil ☐ Dry Gas ☐ effective 8-1-68- change in name  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ from Mann "A" Federal Lease Well #1  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name W. Red Lake Unit Well No. 27 Pool Name, Including Formation Red Lake Grayburg SA Kind of Lease ~~State~~ Federal ~~XXXX~~ #14-08-0001-8970 Lease No. 01-8970  
Location  
Unit Letter M ; 330 Feet From The south Line and 486 Feet From The west  
Line of Section 4 Township 18S Range 27E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Continental Pipe Line Company Box 410 - Artesia, New Mexico 88210  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
Phillips Petroleum Company Phillips Bldg. Odessa, Texas  
If well produces oil or liquids, give location of tanks. Unit M Sec. 4 Twp. 18S Rge. 27E Is gas actually connected? Yes When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:  
IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well 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 Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
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

VI. CERTIFICATE OF COMPLIANCE  
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.  
A.D. Kloxin  
(Signature)  
District Production & Drilling Supt.  
(Title)  
August 6, 1968  
(Date)  
OIL CONSERVATION COMMISSION  
AUG 6 1968  
APPROVED BY W.A. Gressett  
TITLE OIL AND GAS INSPECTOR  
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.