í	NO. OF COPIES RECEIVED	7		
	DISTRIBUTION		ONSERVATION COMMISSION	Form C. 104
	SANTA FE	NEW MEXICO OLL CONSERVATION COMMISSION . REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110
	FILE		AND	Effective 1-1-65
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	REDEIVED
	TRANSPORTER OIL / GAS /			APR - 2 1979
Ţ	OPERATOR /	-	•	611
1.	Operator ARCO Oil and G Division of At	as Company - lantic Richfield Company		ARTESIA, OFFICE
	Address P. O. Box 1710, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box) Other (Please explain)			
		Change in Transporter of:	Change in Operator	Name
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder		
	If change of ownership give name and address of previous owner			
п.	DESCRIPTION OF WELL AND	IFASE		_
	Lease Name			ind of Lease
	W. Ked Lake Uni	E 27 Red	hake Q.G.SA s	itate, Federal or Fee Fodesal
	Unit Letter M; 330 Feet From The South Line and A86 Feet From The West			
	Line of Section 4, Tow	vnship 18 S Range	27E, NMPM, Ed	dy County
m.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	5	4
	Name of Authorized Transporter of Cil		Address (Give address to which approved	copy of this form is to be sent)
	navalo Relining Co	Pefeline Dursion	Address (Give address to which approved	N.M. 88210
	Name of Authorized Transporter of Cas		L D A A ad	_
		Unit Set. Twp. Rge.	Is gas actually connected? When	1a, Texes 79762
	If well produces oil or liquids, give location of tanks.	B 7 185 27E	yes u	nknown
		th that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen F	Plug Back Same Res'v. Diff. Hes'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	2.B.T.D.
	No Change			
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe		Depth Casing Shoe	
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
				SACING CEMENT
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)			
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
	No Change	Tubing Pressure	Casing Pressure 0	Choke Size
	Length of Test	, , , , , , , , , , , , , , , , , , ,		
	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	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION 	
	Commission have been complied v	egulations of the Oil Conservation vith and that the information given		
	above is true and complete to the best of my knowledge and belief.		TITLE SUPERVISOR, DISTRICT II	
	4 101		This form is to be filed in compliance with RULE 1104.	
· `	Xlorge V. Kroks		If this is a request for allowable for a newly drilled or deepened	
	(Signature) District Prod & Drlg Supt.		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Tiu (Tiu		All sections of this form must able on new and recompleted wells	be filled out completely for allow-

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(Date)

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Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such obsame of condition.