-	. . .	_	
NO. OF CORPS RECLINED	5		
DISTRIBUTION SANTA FE	1	NEW MEXICO OIL CONSERVATION COMMISSION	
FILE	Z . REQUEST	. REQUEST FOR ALLOWABLE AND	
U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	GAS
LAND OFFICE			
IRANSPORTER OIL /			RECEIVED
OPERATOR /			
PRORATION OFFICE		*	MAR 1 4 1979
	Gas Company -		
Division of Address	Atlantic Richfield Company	,	
	10, Hobbs, New Mexico 8824	.0	ARTESIA, OFFICE
Reason(s) for filing (Check proper	box)	Other (Please explain)	
New Well	Change in Transporter of:	Change in Opera	ator Name
Recompletion	Oil Dry G	ETTECTIVE, 4-T-	-79
Change in Ownership	Casinghead Gas Conde	nsate	·
If change of ownership give name and address of previous owner	2		
-		······································	
DESCRIPTION OF WELL AN		ame, Including Formation	Kind of Lease
man Aniero M	A 2 diam	kun Onking)	State, Federal or Fee John O
Location		O CONTRACTOR	
Unit Letter;;	660 Feet From The North Lin	ne and <u>660</u> Feet From	m The East
1100 01 50000 (20	105	31E INMPM	600.
Line of Section 30,	Township 175 Range	JE, NMPM,	County County
DESIGNATION OF TRANSPO	BTER OF OIL AND NATURAL GA		1
Name of Authorized Transporter of	Oil Condensate	Address (Give address to which app	roved copy of this form is to be sent)
Lexas New M epics 5	Cadinghead Gas or Bry Cast	POBOD 1510 Mu	land, lexas 7970
	Cashiguada Gas Contery Cas F	Adaress (Give adaress to punich app	roved copy of this form is to be sent)
Continentas Sipos	Unit Sed Two Rge.	Is gas actually connected?	Vien 12001
If well produces oil or liquids, give location of tanks.	A 30 17 31	Ves	6-1-60
If this production is commingled	with that from any other lease or pool,		¥
COMPLETION DATA			
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. Res
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
No Change			
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		<u> </u>	
Periotations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ther recovery of total volume of load o	il and must be equal to or exceed top all
OIL WELL		epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bbls.	Water - Bbis.	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
		· [· · · · · · · · · · · · · · · · · ·	
CERTIFICATE OF COMPLIA	ANCE	OIL CONSERV	ATION COMMISSION
		APR 1 2 1979	
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.		APPROVED	
		BY	
-		TITLESUPERVISOR,	DISTRICT II
Denne V. Kaaks		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature)		well, this form must be accompanied by a tabulation of the deviation	
District Prod & Drlg Supt.		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow	
3-7.79		able on new and recompleted wells.	
<u>3-7-79</u>		Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of condition	
		• •	ist be filed for each pool in mul-
		1	

Separate Forms C-104 must be filed for each pool in multiple impleted wells.