,	·	· -	*	
	NO. OF COPIES RECEIVED			
	DISTRIBUTION	NEW MEXICO OIL CO	DISERVATION COMMISSION	Profes C-ros on the
	SANTA FE /	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110		
-	FILE /-		AND TOE O. C. C.	Effective 1-1-65
i	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATHE	PAL GASUN . S. LOLO
	LAND OFFICE	AUTHORIZATION TOUR	2 14 PM '69	1 7 1368
	OIL /	i I		D = C
	TRANSPORTER GAS /			O. C. L.
	OPERATOR C			
,	PRORATION OFFICE			f
*	Operator	/ .		
	The Atlantic Richfield Company			
	Address			
	P. O. Box 1978, Roswe	ell, New Mexico 88201		
	Reason(s) for filing (Check proper box)		Other (Please explain	1)
	New Well	Change in Transporter of:	Change from C	ontinental Pipe Line Company
	Recompletion	Oil X Dry Gas		ining Co - Pipeline Division
	Change in Ownership	Casinghead Gas Condens		-
				29
	If change of ownership give name			•
	and address of previous owner	1		
	DECORPRION OF WELL AND I	(T) A CT		
и.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind o	f Lease No.
	Hondo "B" Federal		State,	Federal or Fee
	Location B rederat	1 Red Lake Gray	burg, S.A.	Federal
	-	6	440	
Unit Letter H : 2096 Feet From The north Line and 440 Feet From The east				From The <u>east</u>
	_		O TO MAKE AND A	County
	Line of Section 4 Tow	mship 18S Range	27E , NMPM,	Eddy County
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS	Address (Give address to which	approved copy of this form is to be sent)
			,	
	Navajo Refining Co.	- PipeLine Division	P. O. Box 67, Ar	tesia, New Mexico approved copy of this form is to be sent)
	Name of 2 athorized Transporter of Cas		,	
	Pan American Petrole		P. O. Box 68, Ho	bbs, New Mexico
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When
	give location of tanks.	H 4 18 27	yes	9-2-65
	If this production is commingled wit	h that from any other lease or pool, a	give commingling order number	er:
	COMPLETION DATA			
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Restv. Diff. Restv.
	Designate Type of Completio		<u> </u>	
	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
			<u> </u>	
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u> </u>	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	fter recovery of total volume of l	oad oil and must be equal to or exceed top allow-
•	OIL WELL	able 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-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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONS	ERVATION COMMISSION
V A.	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.			JUN 1-7 1969 19
			BY OIL AND GAS 'NSPECTOR	
			TITLE	
			This form is to be fi	led in compliance with RULE 1104.
	axxial A. D. Kloxin		If this is a request for	or allowable for a newly drilled or deepened
	(Signature) District Production & Drilling Sup [†] t		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 allow-	
	(Title)		able on new and recompleted wells.	
	June 9, 1969		Fitt out only Sections I II III, and VI for changes of owner,	
	(Date)		well name or number, or transporter, or other such change or condition.	
			Separate Forms C-1	04 must be filed for each pool in multiply
			completed wells.	