AND OFFICE   AND OFFICE   IRANSPORTER   OIL   OPERATION   OFFICE   IRANSPORTER   OIL   OPERATION   O	1	NO. OF COPIES RECEIVED 3			~~			
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  RECEIVED  RECEIVED  RECEIVED  APR 10 1979  APR 10 1979  APR 10 1979  ARTESIA, DEFINITION  RECEIVED  APR 10 1979  C.C.C.  ARTESIA, DEFINITION  RECEIVED  ARTESIA, DEFINITION  Change in Operator Name  effective: 4-1-79  Change in Operator Name  effective: 4-1-79  Consideration  RECEIVED  The Change of consensing give name  end address of province owner  B. C.C.  Consideration  Consideration  The Change of consensing province of the consenses of	<u> </u>	SANTA FE		REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-11	
RECEIVED  TRANSPORTER OR SEA OPERATOR SEA OPERATOR OF COLORS SEASON SEAS								
Departon    Prince   Company   Division of Atlantic Richfield Company		OIL	OIL PECTIVED					
APR 10 1979  Comment of Atlantic Richfield Company  Division of Atlantic Richfield Company  Division of Atlantic Richfield Company  Division of Atlantic Richfield Company  Resembles  P. O. Dex 1710, Hobbs, New Mexico 88240  Resembles  Resembles  Resembles  Resembles  Resembles  Resembles  Comment of Presembles  Resembles  Resembl		TRANSPORTER				17 =		
Division of Atlantic Richfield Company   D. C. C. ANTERIA. DEFICIE   P. O. Box 1710, Robbs, New Mexico 88240   Recomplished thing (fives proper box)   Change in Transporter of Oil   Try Ca.   Division of Conference Published Company in Conference Published Company in Conference Published Conference P			, ÷		<b>.</b> .	Ą	PR 1 0 1979	
Recently for filling (Chivel paper her)  New Woll  Hecompletion  City One Control of Change in Transporter of Control of Change in Transporter of Control of Change in				mpany			O. C. C.	
Records   Set   Sing Check poper boy   Change in Promporter of Oil   Change in Operator Name   Continue   Change in Operator Name   Change in Oper	Ì	Address ARTEBIA, OFFICE						
New Well	-			88240 .	Other (Please ex	plain)		
II. DESCRIPTION OF WELL AND LEASE  Lessed State  Lessed St		New Well Recompletion	Change in Transporter of:	Dry Gas.	Change in	Operator	Name	
II. DISCRIPTION OF WELL AND LEASE  Lieses stone  Compare Alba Want M			Casinghead Gas	Condensate	<u> </u>		······································	
Exception   Solution   Solution   Solution   Solution   Solution   State, Federal or Fee Flederal    Location   Location   Solution   Solution								
Lection   Store, Federal or Fee Fields   Line and   1925   Feet From The   East	n.				No. Described		tal of Large	
Unit Letter B : 300 Feet From The MONTH, Line and 1925 Feet From The East  Line of Section // Township /85 Range 27E , NAIPM, Eddy County  1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Note of Ashberical Transporter of Oil or Constanting   Address (Give address to which approved copy of this form is to be sent)   Note of Ashberical Transporter of Orangement Gar   or Dry Gus   Address (Give address to which approved copy of this form is to be sent)   Note of Ashberical Transporter of Orangement Gar   or Dry Gus   Address (Give address to which approved copy of this form is to be sent)   Note of Ashberical Transporter of Orangement Gar   or Dry Gus   Address (Give address to which approved copy of this form is to be sent)   Well production is commingled with that from any other lease or pool, give commingling order number:   V. OWPLETION DATA   Designate Type of Completion - (X)   Oil Well   Gas well   New Well   Workever   Deopen   Plug Back   Same Freety, Diff. New Pool		Empire about						
Like of Section		Lecation /	D Feet From The Has.	the time and	1925	Feet From The	East	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil   Or Condendate   Address (Give address to which approved copy of this form is to be sent)   Name of Authorized Transporter of Oil   Or Dry Gas   Address (Give address to which approved copy of this form is to be sent)   Name of Authorized Transporter of Oscillatory   Address (Give address to which approved copy of this form is to be sent)   Name of Authorized Transporter of Oscillatory   Address (Give address to which approved copy of this form is to be sent)   Name of Production is commingled with that from any other lease or pool, give commingling order number:   V. COMPLETION DATA   Designate Type of Completion - (X)   Oil Well   Odas Well   New Well   Werzever   Deepon   Plug Back   Same hearty. Diff. hear		*	_				CII	
Name of Authorized Transporter of Capagage	•		У					
H. well produces oil or liquids, give location of tarks.  If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  No Change  Fool  Nome of Producing Formation  Top Oil, Gas Pay  Tubing Depth  Full Casing Shoe  YUBING, CASING, AND CEMERTING RECORD  HOLE SIZE  CASING & YUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WILL  Date First New Oil Run To Tanks  Date of Test  No Change  Length of Test  Tubing Pressure  Casing	iI.	Name of Authorized Transporter of Oil  None - Lullin	cr Condensate	Address				
If well produced all or liquide, give iccotion of tenks.  If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Heady to Prod.  No Change  No Change  Name of Fredweing Formation  Fool  Fool  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST BATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Tost  No Change  Length of Feet  Tubing Pressure  Casing Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Casing Casing Casing Pressure  Casing Casing Pressure  Casing Casing Pressure  Casing Casing Pressure  Casing Cas		none						
V. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  No Change  Pool  Name of Freducing Formation  Top Oil, Gas Pay  Tubing Depth  P.B.T.D.  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  Date First New Cil Run To Tanks  Date of Test  No Change  Length of Test  Tubing Pressure  Casing Pressure  Chicke Size  Gas-MGF			Unit Sec. Twp.	Rge. Is gas	ictually connected?	When		
Designate Type of Completion — (X)  Date Spudded No Change Feel Name of Freducing Formation Furforations  Tubing Casing Formation Furforations  Tubing Casing Shoe  Tubing Casing Shoe  Tubing Casing Stoe  Tubing Casing Stoe  Tubing Size  DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OH. WELL Date First New Cil Run To Tanks Date of Test No Change Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Cas WELL  Gas -MCF  Same Rest. Diff. Rest Plug Back Same Rest. Diff.			h that from any other lease	or pool, give con	nmingling order n	umber:		
Date Spudded  No Change  Pool  Name of Freducing Formation  Fulling, CASING, AND CEMENTING RECORD  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & YUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First Now Oil Bun To Tanks  No Change  Length of Yest  Tubing Pressure  Casing Pressure  Choke Size	٧.			s Well New We	11 Workover	Deepen   P	lug Back   Same Restv. Diff. Restv	
No Change   Pool				Total D	Perth	F	2.B.T.D.	
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  No Change Length of Test  Tubing Pressure  Casing Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Gas-MCF		•						
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS 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 allowable (or 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.)			Name of Producing Formation		Top Oll/Gas Pay		Tubing Depth	
W. 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 allowable for this depth or be for full 24 hours)    Date First New Oil Fun To Tanks   Date of Test   Producing Mothod (Flow, pump, gas lift, etc.)		Ferforations				D	Pepth Casing Shoe	
W. 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 allowable for this depth or be for full 24 hours)    Date First New Oil Fun To Tanks   Date of Test   Producing Mothod (Flow, pump, gas lift, etc.)		TUBING, CASING, AND CEMENTING RECORD						
OH. WELL  Date First New Cil Run To Tanks  Date of Test  No Change  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF		HOLE SIZE					SACKS CEMENT	
OH. WELL  Date First New Cil Run To Tanks  Date of Test  No Change  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF								
OH. WELL  Date First New Cil Run To Tanks  Date of Test  No Change  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF								
OH. WELL  Date First New Oil Run To Tanks  No Change  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF								
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   Oil-Bbls.   Water-Bbls.   Gas-MCF    GAS WELL	٧.							
Length of Test Tubing Pressure Casing Pressure Choke Size  Actual Prod. During Test Oil - Bbls. Water - Bbls. GAS WELL		CHI, WEST 15						
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF					December	·	hora Stra	
GAS WELL		Length of Test	uping Pressure	Casing	Liesame			
		Actual Prod. During Test	Oil-Bbls.	Water-	Bbls.		Gas - MCF	
			Length of Test	Böls. (	Condensate/MMCF		Gravity of Condensate	

## VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

4-6-79

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.

Tubing Pressure

Casing Pressure

APPROVED

SUPERVISOR, DISTRICT II 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.

OIL CONSERVATION COMMISSION

Choke Size

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner,