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(Signature) District Production & Orilling Sup't.

> (Title) May 18, 1965

(Date)

## NEW MEXICO DIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

11000	=-			Fliective 1-1-92
U.S.G.S.	AU'	7	NAT!	JRAL GAS
011 /		my My	IBLE NATION	RECEIVED
TRANSPORTER GAS /	I have been			KEGEIVED
OPERATOR /	TI WI-	PPoot177	0 Mars 7 3000 Tr	_
I. PRORATION OFFICE	Ref	.ioctivi Mning (	e may 3, 1966, The At Company changed its r	lanticMAY 1 9 1965
Operator	1.10		Richfield Company !!	lame to
The Atlantic Refin	ing Company			O. C. C.
Address	5 M			ARTESIA, OFFICE
P.O. BOX 1978, ROS Reason(s) for filing (Check proper by	well, New Maxic	<u>o 8330</u>		The management
New Well	Change in Transporter	of	Uther (Please expli	Mhange in Ownership Erom Kechane Saunders
Recompletion	Oil Talloperter	Dry Go		Mantic Refining Co.
Change in Ownership	Casinghead Gas	Conde		
If change of ownership give name and address of previous owner	Kechane Heunder	\$ <b>8</b> 9 3	4. 2.0. 3on 300.	Rossell, New Mexico
				The second secon
I. DESCRIPTION OF WELL AND				
Lease Name			me, Including Formation	Kind of Lease
Einkle A	1 4 5 4 5	Jhugar,	T. H., Tree Q.,	State, Federal or Feet @ Cers
	in a section of the s	i.	· 10、电台建筑 / 10。	
Unit Letter 🦸 , 155	Feet From The Section	-5 Lin	ne andFe	et From The Sagara
Line of Section 🖫 , T	ownship SS	Range 33	, NMPM.	ਿੰਧੀ <b>ਹ</b> ੋਂ ਦਾ Coun
	0 1112 P.C. 47.197	rtunge ,,,	on privitely,	1920 Coun
I. DESIGNATION OF TRANSPO	RTER OF OIL AND NAT	URAL GA	ıs	
Name of Authorized Transporter of C	or Condensate	j	Address (Give address to whi	ch approved copy of this form is to be sent)
Penas-New Mexico Pip			).C. Box 1510, N	iidland, Jexas
Name of Authorized Transporter of C	5 is ====	as 🗌	Address (Give address to whi	ch approved copy of this form is to be sent)
P <u>billips Petroleum (</u>	TREP LINE		Paillips Blog.,	Calessa, Cexts
If well produces oil or liquids, give location of tanks,	Unit Sec. Twp.	Rge.	Is gas actually connected?	Wenter as opprator
	130 136	\$12	¥ 36	1 - 45 " C " 43 - 3
If this production is commingled w. COMPLETION DATA	ith that from any other leas	e or pool,	give commingling order numb	per:
		Gas Well	New Well Workover De	epen Plug Back Same Res'v. Diff. Re
Designate Type of Complet	ion - (X)			
Date Spudded	Date Compl. Ready to Prod.		Total Depth	P.B.T.D.
Pool	Name of Producing Formation	on	Top Oil/Gas Pay	Tubing Depth
Perforations				
Fertorations				Depth Casing Shoe
	TIIRING CA	SINC AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING		DEPTH SET	SACKS CENEUT
	SAUNTO U 1 SEINO		DEI III SET	SACKS CEMENT
			· · · · · · · · · · · · · · · · · · ·	
7. TEST DATA AND REQUEST I		t must be aj	fter recovery of total volume of	load oil and must be equal to or exceed top al
OIL WELL  Date First New Oil Run To Tanks	able Date of Test	for this de	pth or be for full 24 hours) Producing Method (Flow, pump	
	24.0 0. 1000		readering Mariod (riow, pum)	, gua uji, euc.j
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 Mothed (nine Last )	Tubing Days			
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	Choke Size
CEPANIC AND OR TOTAL	lan.			
I. CERTIFICATE OF COMPLIAN	iCE		OIL CONS	FRVATION COMMISSION
I haraby cartify that the miles	momulation = -f. 41 - O.1. G		APPROVED	' 1 9 <b>1965</b> , 19
I hereby certify that the rules and Commission have been complied	with and that the informati	on given	me n.	7
above is true and complete to the	e best of my knowledge an	d belief.	BY /// L/M	isirong
		1	TITLE SEL AU	D GAS INSTRUCTION
a AKoadii	A TO THE A	821	This form is to be fil	ed 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 Sections I, II, III, and VI only 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.