NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE	ILLEG	NBLE IISSION	Form C-104 Supersedes Old C-104 and C-11				
FILE / - U.S.G.S.	- AUTHORIZATION TO TR	AND ANSPORT OIL AND NATU	Effective 1-1-65				
LAND OFFICE							
OPERATOR (	"Effecti		RECEIVED				
I. PRORATION OFFICE	Refining	ve May 3, 1966, The Atl Company changed its na Richfield Company"	antic MAY 1.9 10CF				
The Atlantic Refini	ng Company	Richfield Company"					
2.0. Box 1978. Ros	well, New Mexico 682	01	O. C. C. Artesia, Office				
Reason(s) for filing (Check proper bo New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry C	Other (Please explain IIIM Kechan Gas ACLANCIC Re ensate IIIIIII Sol 165.	<sup>Change in genership</sup> The fining Company Eff.				
If change of ownership give name and address of previous owner	Sociare Caundana		. Roswell, New Mexico				
II. <u>DESCRIPTION OF WELL AND</u>		- <u>4140 600 120 1200 1200</u> - 1110 120 1200 1200 1200 1200 1200 1200	A KOEWell, New Menico				
Lease Name	Well No. Pool N	ame, Including Formation	Kind of Lease				
Location	<u> </u>	220 Ten Mars Que 1	G. State, Federal or Fee Pederal.				
Unit Letter <u> </u>	)Feet From The Carton Li	ne and <u>332</u> Feet	From The				
Line of Section 34 , To	wnship 129 Range 3	, NMPM,	Eddy County				
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G		ed				
Name of Authorized Transporter of Of 9 20135-New Mexico Pipe	2 7.1 ma finanamez		approved copy of this form is to be sent)				
Name of Authorized Transporter of Ca	singhead Gas 🗌 🛛 cr Dry Gas 🛄	Address (Give address to which	approved copy of this form is to be sent)				
Philips Petroleum (: If well produces oil or liquids, give location of tanks.	Sec. Twp. Rge.	Is gas actually connected?	dessa, rexas Tarco as operator				
If this production is commingled wi	th that from any other lease or pool,	give commingling order number	11-2-59 5-1-65)				
7. COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepe	en Plug Back Same Res'v. Diff, Res'v.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Pool	Name of Producing Formation						
		Top Cil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
HOLE SIZE		D CEMENTING RECORD					
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
TEST DATA AND REQUEST F( OIL WELL Date First New Cil Fun To Tanks	DR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	d oil and must be equal to or exceed top allow-				
Bater hist New Chi Full TO Tulks		Producing Method (Flow, pump, g	gas lift, etc.)				
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 Method (pitot, back pr.)	Tubing Pressure						
	Tabling Freesolle	Casing Pressure	Choke Size				
. CERTIFICATE OF COMPLIANC	CE .	OIL CONSER	RVATION COMMISSION				
I hereby certify that the rules and re Commission have been complied w	egulations of the Oil Conservation	APPROVED MAY 1	9 <b>4965</b> , 19				
above is true and complete to the	best of my knowledge and belief.	BY_MILlimstrong					
		TITLE	a Inarectoe				
appleading	A. D. Klovin		in compliance with RULE 1104.				
(Signa)	ture)	well, this form must be acco	allowable for a newly drilled or deepened mpanied by a tabulation of the deviation ccordance with RULE 111.				
istrict Production &	e)	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able 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					
May 18, 1 (Dat							
12.00			porter, or other such change of conditior must be filed for each pool in multip				

Separate	Forms	C-104	must	Ъe	filed	for	each	pool	in	m
completed wells.								•		