NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE RECEIVED OIL TRANSPORTER GAS 1 OPERATOR "Effective May 3, 1966, The Atlantic MAY 1 9 1965 PRORATION OFFICE Refining Company changed its name to ... Atlantic Richfield Company The Atlantic Belining Company C. C ARTESIA, OFFICE Address P. C. Box 1975: Moswell, May Monda - 8970 Reason(s) for filing (Check proper box) Other (Please explain) ROMAN TO THE OWN STREET unas Kochans Saundeus et el to fire Oil Dry Gas Recompletion 202 antio Nofinisk Grapary effectiv Change in Ownershi**p** If change of ownership give name នុស្សប្រាស្ថិត និង ក្រុងប្រាស e) i: How 580, Descell, Dec Westen and address of previous II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Winkla & Location Unit Letter Line of Section , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil lexarries Mexico Siys Line Lourony O. Row Edill. Addisoni. Tenur Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas nilliya Bi**a**q hillips Petroleum Company UCHERS. 122.25 When (125.22) **2**) of example If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA

Designate Type of Comp	oletion = (X)	Gas Well	New Well	Workover	Deepen	' Plug Back I I	Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to	Prod.	Total Depti	1		P.B.T.D.	<u> </u>
Fool	Name of Producing For	rmation	Top Oil/Go	ıs Pay		Tubing Dep	th
Perforations	Í					Depth Casi	ng Shoe
	TUBING	, CASING, AN	D CEMENTI	NG RECOR	D		
HOLE SIZE	CASING & TUB	ING SIZE	DEPTH SET		ΞT	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 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-Bbls.	Gas-MCF		

GAS WELL					
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		

VI. CERTIFICATE OF COMPLIANCE

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.

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- CLANDRA	43.5	2.16 G	ట్రోకు సంస్థుకులో టోస్ ఆరోగా కర్వి : 	
(Signature	:)			
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1965 May 18 (Date)

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This form is to be filed in compliance with RULE 1104.

CONSERVATION COMMISSION

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.