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Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

IATURAL GAS

RECEIVED

"Effective May 3, 1966, The Atlantic  
Refining Company changed its name to  
Atlantic Richfield Company"

MAY 19 1965

Operator The Atlantic Refining Company		O. C. G. ARTESIA, OFFICE	
Address P. O. Box 1876, Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	From Kechoma Petroleum Co. to the
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Atlantic Refining Company effective
		Dry Gas <input type="checkbox"/>	5-1-65.
		Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner  
Kechoma Petroleum Co. Inc., P.O. Box 690, Roswell, New Mexico

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Sinkle B	Well No. 1	Pool Name, including Formation SINKLE B, S. 1, T. 1, R. 1, G. 1	Kind of Lease State, Federal or Fee
Location			
Unit Letter A, 1851 Feet From The 1001 Line and 1851 Feet From The 17-52			
Line of Section 14, Township 10N, Range 11E, NMPM, 17-52 County			

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 110, Midland Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Ploy., Midland, Texas		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	1	10	11E
			Rge.
			11E
Is gas actually connected?	When	When	
Yes	11-2-65	3-1-66	

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)	Oil Well	Gas Well	New Well	Workover	Deepen	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 Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

## VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

## VII. CERTIFICATE OF COMPLIANCE

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.

A. D. Klone  
(Signature)  
District Production & Drilling Sup't.  
(Title)  
May 18, 1965  
(Date)

## OIL CONSERVATION COMMISSION

MAY 19 1965

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY M. L. ArmstrongTITLE OIL AND GAS INSPECTION

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.

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.