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FILE		1-	-	-
U.S.G.S.				
LAND OFFICE			<u> </u>	_
TRANSPORTER	OIL GAS	/	1	
OPERATOR		1		
PRORATION OFFICE				
Operator  The Atlant Address		<u> </u>	1.11	
Reason(s) for filing New Well Recompletion Change in Ownershi	(Check	prope	Fider box	<u>3</u>

District Production & Drilling Supit.

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	GAS	
			0/10	
LAND OFFICE				
TRANSPORTER OIL		RECEIVED		
GAS /	(C	)		
OPERATOR /	11F-P-0.0+1	ive May 3, 1966, The Atla	MAY 1 9 1965	
PRORATION OFFICE Operator	Refining	Company changed its name Richfield Company	ntio	
The Atlantic Residu	ing Company Atlantic	Richfield Company	ARTESIA, OFFICE	
	well, Mer Hande 330	(# <del>)</del>		
Reason(s) for filing (Check proper box)	)	Other (Please explain)	Barga ua cerunakko	
New Well	Change in Transporter of:		Respublicans set al to The	
Recompletion	Casinghead Gas Conden		ing Capan villectiv	
Change in Ownership			Sevesia, West Taxion	
nd address of previous owner	(5·墨·(6·斯克) 和中 (5·米) [第 5·47 197]	The state of the s	and the series the first of the series of th	
DESCRIPTION OF WELL AND	LEASE Well No. Pool Na	me, Including Formation	Kind of Lease	
Lease Name			State, Federal or Fee	
Location	P. Patrie	<u> </u>		
	Feet From The	ie and Feet From	n The <u>% 6864</u>	
Our Tercer Fr :				
Line of Section 55 , Tov	wnship 100 Range	, NMPM,	County	
ESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appr	roved copy of this form is to be sent)	
Name of Authorized Transporter of Oil		į.		
Name of Authorized Transporter of Ca	singhead Gas. or Dry Gas	Address (Give address to which approved copy of this form is to be sent		
Name of Authorized Transporter of Sa	4.7			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen The reservable fraction of	
give location of tanks.	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			
this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'	
Designate Type of Completic		Notable Despen		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
oate spuadea	Date Compt. Head, to 110d.	·		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
		D CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	after recovery of total volume of load o	oil and must be equal to or exceed top all	
OIL WELL	able for this d	epth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	uji, etc.)	
	Tuhing Programs	Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Odering 1 researe		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
more and real parting rest				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Chaha Sin	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
			VATION CONTROL	
CERTIFICATE OF COMPLIAN	NCE		VATION COMMISSION	
		APPROVED MAY 1	<b>9 1965</b>	
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.		30 2 (17	))) + ()	
		BY /// L (17011)	BY /// L (Muluong	
		TITLE ARE GAS !!	TITLE ARE GAS INSPESSION	
		1)		
J 20 25	· · · · · · · · · · · · · · · · · · ·	This form is to be filed	in compliance with RULE 1104.	
If this is a request for allowable for a n well, this form must be accompanied by a ta			nowable for a newly drilled or deeper apanied by a tabulation of the deviat	

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.