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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

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JUL 7 1969

O. C. C.

ARTIFICIAL LIFTING

1. Operator Atlantic Richfield Company ✓ Address P. O. Box 1978, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Other (Please explain) Change in lease name from Hinkle Federal Well #1 to East Shugart Unit Well #10, effective 7-1-69 Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Unitization #14-08-001-11572	LC 029392 (b)
Lease Name East Shugart Unit	Well No. 10	Pool Name, including Formation Shugart, Y, 7R, O, G	Kind of Lease State, Federal or Fee Federal
Location Unit Letter G ; 2310 Feet From The North Line and 2310 Feet From The East Line of Section 35 Township 18S Range 31E , NMPM, Eddy 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 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 Building, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks. Unit G Sec. 35 Twp. 18S Rge. 31E	Is gas actually connected? When Yes Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

V. 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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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. Kloxin

(Signature)

District Production & Drilling Supt.

(Title)

7-2-69

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 8 1969, 19

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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 only Sections I, II, III, and VI 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.