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| TRANSPORTER | OIL GAS |
| OPERATOR | 2 |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
(Marathon is Operator of the Indian Basin Gas Plant and Gathering System. Natural Gas Pipeline Co. of America is purchaser of the gas under contracts providing for delivery of residue gas at the Plant.)

| | |
|--|---|
| Operator The Atlantic Refining Company | |
| Address P. O. Box 1978, Roswell, New Mexico 88201 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Other (Please explain) |

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O. C. C.
ARTESIA OFFICE

If change of ownership give name and address of previous owner
"Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company."

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|---------------|---|---|
| Lease Name Walt Canyon Unit | Well No. 2 | Pool Name, Including Formation Indian Basin-Upper Penn Gas | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter: D ; 960 Feet From The North Line and 000 Feet From The West Line of Section: 4 , Township: 22S Range: 24E , NMPM, 3dwy County | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Marathon Oil Co., Operator, Indian Basin Gas Plant & Gathering System. | Address (Give address to which approved copy of this form is to be sent) Box 1324, Artesia, New Mexico |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Marathon Oil Co., Operator, Indian Basin Gas Plant & Gathering System | Address (Give address to which approved copy of this form is to be sent) Box 1324, Artesia, New Mexico |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? <input checked="" type="checkbox"/> When Sight in gas well pending market connection. |

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 Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | F.R.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 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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/L | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | 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)
Assistant Production & Drilling Sup't.
(Title)
November 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED
JAN 26 1966
BY *M. L. Armstrong*
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 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.