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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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 & 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 <b>The Atlantic Refining Company</b>	
Address <b>P. O. Box 1978, Roswell, New Mexico 88201</b>	
Reason(s) for filing (Check proper box)	
Flow Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <b>Effective May 3, 1966, The Atlantic Refining Company changed its name to Atlantic Richfield Company.</b>	
If change of ownership give name and address of previous owner <b>Atlantic Richfield Company</b>	

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II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Smith Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Indian Basin-Upper Penn</b>	Kind of Lease <b>Gas, Federal or Fee Federal</b>
Location			
Unit Letter <b>G</b>	<b>1930</b>	Feet from The <b>north</b>	Line and <b>2090</b>
Line of Section <b>1</b>		Township <b>22S</b>	Range <b>23E</b>
		NMPM,	Eddy
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS (~~STUFF CORRECTION~~)

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

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'ty.	Diff. Res'ty.
		<b>X</b>	<b>X</b>					
Date Spudded <b>7-26-65</b>	Date Compl. Ready to Prod. <b>9-13-65</b>	Total Depth <b>9702</b>	P.R.T.D. <b>9170</b>					
Pool <b>Indian Basin</b>	Name of Producing Formation <b>Upper-Penn</b>	Top Oil/Gas Pay <b>7500</b>	Tubing Depth <b>7404.72</b>					
Perforations <b>7500-7550 w/2 JSPF (100 holes)</b>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17 1/2</b>	<b>13 3/8</b>	<b>345.50</b>	<b>325</b>					
<b>12 1/4</b>	<b>9 5/8</b>	<b>2419.87</b>	<b>1310</b>					
<b>8 3/4</b>	<b>4 1/2</b>	<b>3120.00</b>	<b>420</b>					
	<b>2 3/8 tbg</b>	<b>7404.72</b>						

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 <b>4140</b>	Length of Test <b>6 hours</b>	Bbls. Condensate/MMCF <b>9</b>	Gravity of Condensate <b>61.0</b>
Testing Method (pitot, back pr.) <b>back pressure</b>	Tubing Pressure <b>2190#</b>	Casing Pressure <b>Pkr</b>	Choke Size <b>16/64</b>

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*  
**A. D. Kloxin**

District Production & Drilling Sup't.

November 23, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 26 1966**, 19

BY *M. C. 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.