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| FILE                   |     |   |
| U.S.G.S.               |     |   |
| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL |   |
|                        | GAS |   |
| OPERATOR               |     |   |
| PRORATION OFFICE       |     |   |

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 1-1-65

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DEC 16 1974

I. Operator  
Atlantic Richfield Company ✓  
Address  
P. O. Box 1710, Hobbs, New Mexico 88240  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Designate initial transporter of dry gas & condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |  |       |                     |
|---|---------------|---|--|-------|---------------------|
| Lease Name<br>State BQ Com.   | Well No.<br>1 | Pool Name, including Formation<br>Avalon Morrow Gas | Kind of Lease<br>State, Federal or Fee | State | Lease No.<br>K-5261 |
| Location<br>Unit Letter F; 1980 Feet From The North Line and 1980 Feet From The West<br>Line of Section 9 Township 21S Range 26E, NMPM, Eddy 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"/><br>The Permian Corporation  | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 3119, Midland, Texas 79701 1183 Newlin |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Southern Union Gas Co. (for Atlantic Richfield Co.) Fidelity Union Tower, Dallas, Texas 75201<br>El Paso Natural Gas Company (for Wiser Oil Co.) Jal, New Mexico | Address (Give address to which approved copy of this form is to be sent)<br>Jal, New Mexico                                  |             |
| If well produces oil or liquids, give location of tanks.   | Unit<br>F  | Sec.<br>9   |
|  | Twp.<br>21S  | Rge.<br>26E |
|  | Is gas actually connected? No 12-20-70   |             |

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't. | Diff. Res't. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | 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/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. L. Shackelford  
(Signature)

Accountant I

(Title)

12/13/74

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 31 1974

BY W. A. Susselt, 19

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 tested wells.

OIL CONSERVATION COMMISSION

P. O. DRAWER DD

ARTESIA, NEW MEXICO 88210

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DEC 30 1974

NOTICE OF GAS CONNECTION

O. C. C.  
ARTESIA, OFFICE

Date December 19, 1974

This is to notify the Oil Conservation Commission that connection  
for the purchase of gas from the Atlantic Richfield Co.  
Operator

|                 |                             |        |         |
|-----------------|-----------------------------|--------|---------|
| State "BQ" Com. | #1                          | F      | 9-21-26 |
| Lease           | Well & Unit                 | S.T.R. |         |
| Avalon - Morrow | El Paso Natural Gas Company |        |         |
| Pool            | Name of Purchaser           |        |         |

was made on December 20, 1974.

El Paso Natural Gas Company

Purchaser

*Francis R. Elliott*  
Representative

Gas Production Status Analyst

Title

TRE; b1

cc: To operator  
Oil Conservation Commission - Santa Fe  
H. P. Logan  
T. J. Crutchfield  
Proration  
File