	. OF COPIES RECEIVED		÷				
	DISTRIBUTION ANTA FE V FILE V V		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-114 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GAS	s RECEIVED			
	IRANSPORTER OIL V GAS V			JAN 7 1982			
1	PRORATION OFFICE	-		0. C. D.			
1.	Operator ARCO Oil and Ga	,		ARTESIA, CHEICTE			
	Division of Atlantic	Richfield Company /					
	P.O. Box 1710, Hobbs,	N.M. 88240					
	Reason(s) for filing (Check proper box	-	Other (Please explain)				
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conder		of New Mexico on Gathering Company			
	If change of ownership give name and address of previous owner						
Π.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Lease	Lease Nc.			
	State BR Com.	1 Avalon Morrow	Gas State, Federal or				
	Unit Letter <u>K</u> ; <u>198</u>	OFeet From TheLir	he and <u>1980</u> Feet From The	West			
	Line of Section 16 To	wnship 21S Range	26Е , NMPM,	Eddy County			
ïI.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approved	copy of this form is to be sent)			
	The Permian Corporati		P.O. Box 1183, Houston, T				
	Name of Authorized Transporter of Ca El Paso Natural Gas C		Address (Give address to which approved P.O. Box 1384, Jal, N.M.				
	Southern Union Gather	Unit Sec. Twp. Ege.	Ist International Bldg., Is gas actually connected? When	EPNG - 12-1-75 75270			
	give location of tanks.	<u>K 16 215 26E</u>	Yes	SUGC - 12/14/75			
		th that from any other lease or pool,	give commingling order number:				
۷.	COMPLETION DATA	(V) Oil Well Gas Well	New Well Workover Deepen P	lug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completi						
	Date Spudded	Date Compl. Ready to Prod.	·	.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	ubing Depth			
	Ferforation s			epth Casing Shoe			
	•		CEMENTING RECORD				
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
			fter recovery of total volume of load oil and				
ν.	TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, e	to.) Yoshad TF -			
	Length of Test	Tubing Pressure	Casing Pressure C	incke Size and a first to States			
				as - MCF			
	Actual Prod. During Test	Cil-Bbls.	Water - Bbi s. G	18 - MCF			
	·						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMCF G	ravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in) C	hcke Size			
¥1.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation with and that the information given	AFFROVED	esset			
	above is true and complete to the	e best of my knowledge and belief.	SUPERVISOR, DIS				
			TITLE				
	A. L. Shackelfe	SAL	This form is to be filed in com If this is a request for allowabl	le for a newly drilled or deepened			
		ature)	well, this form must be accompanied tests taken on the well in accordan	d by a tabulation of the deviation.			
	Engrg. Tech. Spec.		All sections of this form must h	be filled out completely for allow-			
	1/5/82	:!e)	able on new and recompleted wells Fill out only Sections I. II. II	II, and VI for changes of cwner,			
	the second se	c:e)	well name or number, or transporter,	or other such change of condition.			
			Separate Forms C-164 must be an plated wells.	e filed for each pool in multiply			

		IVISION	Form C-132
NERGY AND MINERALS DEPARTMENT SANTA FE, NEW		87501	Revised 7-15-80
APPLICATION F	FOR WEL	ΙΗΕΔΟ	SA. Indicate Type of Lause
PRICE CEILING CATEG	ORY DE	TERMINATION	STATE XX FEE
FOR DIVISION USE ONLY:			S. State Oll & Gas Leuse No.
DATE COMPLETE APPLICATION FILED			K-4334
DATE DETERMINATION MADE		RECEIVED	
WAS APPLICATION CONTESTED? YESNO		NOV 0.0 toos	Ze Unit Agreement Name
NAME(S) OF INTERVENOR(S), IF ANY:		NOV 2 3 1981	8: Farm or Lease Name
Name of Operator ADCO 041	J	O. C. D.	State BR Com
ARCO Oil and Gas Company A Division of Atlantic Richfie		ARTESIA, OFFICE	9. Well No.
P. U. Box 2819 (FUT 1254)	ala comp	any /	1 .
Dallas, Texas 75221		· · · · · · · ·	10. Field and Pool, or Wildcat
Location of Well UNIT LETTER K LOCATED 1980)	FROM THE South	Avalon (Morrow)
1980 FEET FROM THE West LINE OF SET 16			
a sector of fulchest(a)		215 PGE. 26E MMPM	
Gas Company of New Mexico, First Internation	onal Blo	lg., Suite 1800, Dalla	as, Texas 75270
WELL CATEGO			
Check appropriate box for category sought			
			· · ·
 Category(ies) Sought (By NGPA Section All Applicate 	i No.]	108	
2. All Applications must contain:	•		
a. C-101 APPLICATION FOR PERMIT TO DE	RILL, DEEF	EN OR PLUG BACK	
★ b. C-105 WELL COMPLETION OR RECOMPLET			
C. DIRECTIONAL DRILLING SURVEY, IF RE		DER RULE 111	•
A. AFFIDAVITS OF MAILING OR DELIVERY			
. 3. In addition to the above, all applicat applicable rule of the Division's "Spe Price Ceiling Category Determinations"	tions must ecial Rule " as follo	contain the items require s for Applications For Wel	i by the lhead
A. NEW NATURAL GAS UNDER SEC. 102(c)(· · · · · · · · · · · · · · · · · · ·
All items required by Rule 14((1) and/or	Rule 14(2)	Jeeper Test)
B. NEW NATURAL GAS UNDER SEC. 102(c)((1)(C) (ne	Anchone recently	
All items required by Rule 15		" UNSHOLE RESERVOIR)	•
C. NEW ONSHORE PRODUCTION WELL			
All items required by Rule 16A	A on But-	1.00	
D. DEEP, HIGH-COST NATURAL GAS and TI			
All items required by Rule 17(CON FURMA	ILUN NATURAL GAS	
E. STRIPPER WELL NATURAL GAS	LIJ OF KUI	e 1/(2)	
XX All items required by Rule 18			
	·		
HEREBY CERTIFY THAT THE INFORMATION CONTAINED REIN IS TRUE AND COMPLETE TO THE BEST OF MY		FOR DIVISION	USE ONLY
DWLEDGE AND BELIEF.	- Ap	proved	
R. M. Anderson	01	sapproved	
NAMO DE APPLICANT (Type or Print)			· · · ·
F.M. Inderan	of	e information containe the information requi	d herein includes all red to be filed by the
SIGNATURE OF APPLICANT	ap ap	plicant under Subpart i RC regulations.	B of Part 274 of the
tle_ <u>Supervisor</u> , <u>Gas_Regulations</u>			
te <u>November 19, 1981</u>	Ex	AMINER	

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NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE		CONSERVATION COMMISSION	Form C-LO4
FILE /	· REQUES	AND	Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	
LAND OFFICE		CANSI OKT OLE AND NATURAL	
TRANSPORTER OIL /			RECEIVED
GAS)			RELE
OPERATOR /			. 1070
Operator ADCO Of 1 and		•	MAR 22 1979
ARCO OIL and			
Division of Address	Atlantic Richfield Compan	у	n. c. c.
			ARTESIA, DEFICE
Reason(s) for filing (Check proper b	10, Hobbs, New Mexico 882		
New Well	Change in Transporter of:	Other (Please explain)	
Recompletion		Change in Opera	
Change in Ownership		as effective: 4-1-	-79
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AN			
CL + AA R	Well No. Pool N	ame, Including Formation	Kind of Lease
Location		Von Mirrow Gas	State, Federal or Fee State
	a a A		
Unit Letter;_/6	980 Feet From The South LI	ne and <u>1980</u> Feet From	The West
11		T/ -	- 11
Line of Section 6, 7	Township 215 Range	RE, NMPM.	Eddy County
DECKNAMION OF T			
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G.	AS	
The Dag Par		Address (Give address to which appr	oved copy of this form is to be sent)
the plantan Con	Casinghead Gas _ or Dry Gas	V. O. BUY 1183 Hous	ton Texes 77001
Lane of Authorized Transporter of C	to Co	Address (Give address to which appr Box 1384 Jal NY P	oved copy of this form is to be sent)
Gas company of A	Unit Sec. Twp. Pge.	First International B	Ide Suite 1800 Dallas Texas
If well produces oil or iquids, give location of tanks.		Is gas actually connected?	PNG 12-1-75 75270
L	K 16 215 26E	yes i	COLNM 2-14-75
If this production is commingled v	with that from any other lease or pool,	give commingling order number:	4
COMPLETION DATA			
Designate Type of Complet	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Complet	tion $-(X)$		Plug Back Same Res'v. Diff. Res'v.
Date Spudded	tion - (X) Cil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v P.B.T.D.
Date Spudded No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	tion $-(X)$		
Date Spudded No Change Pool	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. Tubing Depth
Date Spudded No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded No Change Pool	Date Compl. Ready to Prod.	Total Depth Top Cil/Gas Pay	P.B.T.D. Tubing Depth
Date Spudded No Change Pool Perforations	tion - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
Date Spudded No Change Pool	Date Compl. Ready to Prod.	Total Depth Top Cil/Gas Pay	P.B.T.D. Tubing Depth
Date Spudded No Change Pool Perforations	tion - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
Date Spudded No Change Pool Perforations	tion - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
Date Spudded No Change Pool Perforations	tion - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
Date Spudded No Change Pool Perforations HOLE SIZE	tion - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, ANI CASING & TUBING SIZE	Total Depth Top Off/Gas Pay D CEMENTING RECORD DEPTH SET	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
Date Spudded No Change Pool Perforations HOLE SIZE TEST DATA AND REQUEST 1	tion - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, ANI CASING & TUBING SIZE FOR ALLOWABLE (Test must be a	Total Depth Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET fter recovery of total volume of land ail	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
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Date Spudded No Change Pool Perforations HOLE SIZE TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks No Change Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied	tion - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, ANI CASING & TUBING SIZE FOR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure Oll-Bbls. Length of Test Tubing Pressure NCE	Total Depth Top Oil/Gas Pay D CEMENTING RECORD DEPTH SET fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure OIL CONSERVA APPROVED APPROVED	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT and must be equal to or exceed top allow: ift, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size Choke Size Choke Size
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	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104						
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65						
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	LAND OFFICE		INSI OILT OIL AND NATURAL G	AJ						
	TRANSPORTER OIL /		1978							
	OPERATOR /		11 a - 774							
1.	Operator									
	Atlantic Richfield Comp	any V								
	P. O. Box 1710, Hobbs,	NM 88240								
	Reason(s) for filing (Check proper box,		Other (Please explain)							
	New Well	Change in Transporter of: Oil Dry Ga	s [X] Effective_ 8/1/76							
	Change in Ownership	Casinghead Gas Conden		- linia Goolo,						
	If change of ownership give name and address of previous owner		/ 	·						
11.	DESCRIPTION OF WELL AND	LEASE Dual w/Avalon		Lease No.						
	State BR Com	1 Avalon Morrow	/ Gas State, Federal							
	Location K 198	0 South	1000							
	Unit Letter;;	OFeet From TheSouth_Lin	e and <u>1980</u> Feet From T	he West						
	Line of Section 16 Tov	vnship 21S Range 2	.6Е , ммрм,	Eddy County						
87	DESIGNATION OF TRANSDOR	FER OF OIL AND NATURAL GA	s							
	Name of Authorized Transporter of Cil	or Condensate X	Address (Give address to which approv	ed copy of this form is to be sent)						
	The Permian Corporation		P. O. Box 1183, Houston	, TX 77001						
	El Paso Natural series com Gas Company Of New Mexi									
	If well produces oil or liquids,	Unit Sec. Twp, Rge.	FDA	g, Suite 1800, Dallas,⊺) G 12/1/75 75270						
	give location of tanks.	K 16 215 26E	<u> </u>	of NM 12/14/75						
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number: Ad	ministrative Approval tter_dated_2/9/74_OCC						
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dift. Res'v.						
	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						
	·····									
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT						
			 	ļ. <u></u>						
v .	TEST DATA AND REQUEST F		fter recovery of total volume of load oil a	ind must be equal to or exceed top allow						
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift	t, etc.)						
				· · ·						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
	Actual Prod. During Test	Oil-Bbla.	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						
	. esting method (phot, back phy	·								
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION						
	There is a state of the state o	mulations of the All Community	APPROVED SEP 2 19	/						
	Commission have been complied w	regulations of the Oil Conservation with and that the information given	1.10 4	resset						
	above is true and complete to the	e best of my knowledge and belief.								
			TITLE							
	D.L. Ma	chelland	This form is to be filed in c	ompliance with RULE 1104. able for a newly drilled or deepened						
	<u> </u>	ature) []	If this is a request for allow well, this form must be accompar tests taken on the well in accom	nied by a tabulation of the deviation						
	Accountant I	-	All sections of this form mus	at be filled out completely for allow-						
	(Ti	tle)	able on new and recompleted we	11s.						

8/31/76

(Date)

All sections of this form must be filled out completely for allow-able 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.

ਮੋਨੇਜ਼ਨ ਦਾ 120 Revised 1-1-65

	State BR Com.	LEASE	Atlantic Richfield Company
		WELL NO.	P. O. B
	~	UNIT	Box 1710, Hobbs,NM 88240
	16	SEC.	, Hobb
	215	SEC. TWP.	s,NM 8
	26E	RGE.	
	8/24/76	DATE PRESS. RUN	Pool Avalon Morrow
- -	24 hrs	TIME S.I. HRS./MIN.	TOW
71	1231	S.I. PRESSURE PSIG (DWT)	County
	1244.2	S.I. PRESSURE	Eddy
ji ji	7/31/75 2853.2	PREV. TEST DATE	

Signature L. C. Hudry Collector Title Sr. Operations Engineer

Date August 25. 1976

NO. OF COPIES RECEIVED								
DISTRIBUTION	NEW MEXICO OIL C	L CONSERVATION COMMISSION Form C-104						
		ST FOR ALLOWABLE Supersedes Old C-104 and						
FILE		AND	Effective 1-1-65					
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	AL GAS					
TRANSPORTER OIL			RECEIVED					
GAS OPERATOR			JAN 1 3 1976					
PRORATION OFFICE								
Atlantic Richfield Cor Address	npany		O. C. C.					
P. O. Box 1710, Hobbs Reason(s) for filing (Check proper bo		Other (Please explain)						
New We!l	Change in Transporter of:	,	al Gas Co. connected for					
Recompletion	Oil Dry Ga							
Change in Ownership	Casinghead Gas Conder		······································					
If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·					
	LEASE Dual w/Avalon Atc	Ka Gas						
Lease Name	Well No. Pool Name, Including Fo		20400 110					
State BR Com.	#1 Avalon Morrow	Gas State, Fe	nderal or Fee State K-4334					
Unit Letter <u>K</u> ; <u>198</u>	SO Feet From The South Lin	e and <u>1980</u> Feet Fi	rom TheWest					
Line of Section 16 To	ownship 215 Range	26е , ммрм,	Eddy County					
	TER OF OIL AND NATURAL GA							
Name of Authorized Transporter of Cl The Permian Corporati		Address (Give address to which a P. O. Box 1183, Hous	pproved copy of this form is to be sent)					
None of Authorized Transporter of Co	isinghead Gas or Dry Gas X	Address (Give address to which a	pproved copy of this form is to be sent)					
El Paso Natural Gas (Southern Union Gas Co		Jal. New Mexico	Tower, Dallas, TX 75201					
If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected?	$_{\rm L}^{\rm When}$ Paso, 12/1/75					
give location of tanks.	к 16 21 26	Yes	So. Union, 2/14/75					
COMPLETION DATA Designate Type of Completi Date Spudded	on - (X) Oil Well Gas Well Date Compl. Ready to Prod.	Letter dated 11 New Well Workover Deeper Total Depth						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations		<u> </u>	Depth Casing Shoe					
		CEMENTING RECORD	SACKE CEMENT					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
TEST DATA AND REQUEST F			i oil and must be equal to or exceed top allo					
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, go	as lift, etc.)					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
Actual Prod. During Test	Oil-Bbla.	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					
CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVATION COMMISSION						
Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	fressett					
above is true and complete to th	e best of my knowledge and belief.	BY						
			in compliance with RULE 1104.					
- C.L. Ma.	- Kelford	If this is a request for a	in compliance with RULE 1104. illowable for a newly drilled or deepens mpanied by a tabulation of the deviation					
(Sign Accountant_I	naiwe) ()	tests taken on the well in a	ccordance with RULE 111.					
	itle)	All sections of this form must be filled out completely for all able on new and recompleted wells.						

1/12/76

(Date)

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All sections of this form must be filled out completely for allow-able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of must well name or number, or transporter, or other such change of complete

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	-]		
	DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMISSION	_
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL GAS	
			THE OLD AND NATURAL GAS	RECEIVED
	IRANSPORTER OIL 7 GAS 2 OPERATOR 7			AUG 2 6 1975
1.	PRORATION OFFICE			
	Atlantic Richfield C Address	ompany y		ARTESIA, OFFICE
	P. O. Box 1710, Hobb Reason(s) for filing (Check proper box)	s, New Mexico 88240	Other (Please explain)	
	New Well	Change in Transporter of:	Designate additional	L Transporter of
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde		
	If change of ownership give name			
	and address of previous owner			
H.	DESCRIPTION OF WELL AND I	LEASE Dual w/Avalon- Well No. Pool Name, Including F		
	State BR Com	1 Avalon Morrow		ee State K-4334
	Location			·
	Unit Letter <u>K</u> ; <u>1980</u>	Feet From The South Lir	he and <u>1980</u> Feet From The	West
	Line of Section 16 Tow	mship 21S Range	26Е , NMPM, Edd	ly County
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	IS	
	Name of Authorized Transporter of Oil		Address (Give address to which approved co	, ,
	The Permian Corporat Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	P.O. Box 1183, Houston, To Address (Give address to which approved co	exas 77001 opy of this form is to be sent)
	El Paso Natural Gas Southern Union Gas C	Company (CITGO) ompany (ARCO) Unit Sec. Twp. Rge.	Jal, New Mexico 1400 Fidelity Union Tower Is gas actually connected? When	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 16 21S 26E	Yes	9-11-75 (El Paso) 02/14/75 (So.Union)
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number: Admin	nistrative Approval
IV.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well		g Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth P.E	.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tuk	ing Depth
	Perforations	kan na an a	Der	th Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a	fter recovery of total volume of load oil and m	ust be equal to or exceed ton allow-
	OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc	
				·/
	Length of Test	Tubing Pressure	Casing Pressure Cho	ke Size
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls. Gas	- MCF
				<u></u>
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gra	vity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Cho	ke Size
7. 7 a.	CEPTIFICATE OF COMPLIANC	E	OIL CONSERVATIO	
	I hereby certify that the rules and re		APPROVED	
	Commission have been complied w above is true and complete to the		BY	T B
			TITLE SUPERVISOR, DISTRI	.1 11
	D. Z. Shack	ilan D	This form is to be filed in compl	
	N. X. Mache (Signal	expe)	If this is a request for allowable well, this form must be accompanied	by a tabulation of the demonstration
	Accountant		tests taken on the well in accordance All sections of this form must be	B with RULE 111.
	(Tiil) 08/25/75	e)	able on new and recompleted wells.	
	08/25/75 (Dat	e)	Fill out only Sections I. II. III. well name or number, or transporter, or	

	well name or number, or transporter, or other such change
÷	Separate Forms C-104 must be filed for each pour .
. (completed wells.

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	•	•
OIL CONSERVA	TION COMMISSION	
P. O. I	DRAWER DD	RECEIVED
ARTESIA, NEW	MEXICO 88210	SEP 1 5 1975
NOTICE OF GAS CONNECTION		0. C. C.
	DateSeptember	
This is to notify the Oil Cons	ervation Commiss	ion that connection
• • •		
	Operator	
State BR Com. #1 (Commingled)	K	- 16-21-26
, i lease	Well & Unit	S.T.R.
Avalon A toka -Morrow	. El Paso Natur	al Gas Co
SEP 15 1975 NOTICE OF GAS CONNECTION Date September 11, 1975 This is to notify the Oil Conservation Commission that connects For the purchase of gas from the Atlantic Richfield Co. Obserator State BR Com. #1 Lease K 16-21-26 Well & Unit S.T.R. Avalon Action More Morrow Pool El Paso Natural Gas Co. Name of Purchaser Avalon September 11, 1975 El Paso Natural Gas Co. Purchaser State State Analyst El Paso Natural Gas Co. Purchaser State State Analyst Title		
~	El Paso Natural Ga	s Co.
	O. DRAWER DD NEW MEXICO 88210 SEP 15 1975 C. C. C. ARTESIA, GFFICE Date September 11, 1975 Conservation Commission that connection e Atlantic Richfield Co. Oberator K 16-21-26 Well & Unit S.T.R. El Paso Natural Gas Co. Name of Purchaser A El Paso Natural Gas Co. Purchaser <u>A</u> <u>A</u> <u>El Paso Natural Gas Co. Purchaser <u>A</u> <u>A</u> <u>El Paso Natural Gas Co. Purchaser <u>A</u> <u>A</u> <u>El Paso Natural Gas Co. <u>Purchaser</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u></u></u></u>	
	Gas Production Sta	tus Analyst
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cc: To operator	Santa Fe	
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Proration • •		· · · · · ·
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MULTIPOINT AND ONE POINT BACK PRESSURE TES FOR GAS WELL

Caper 6 51= Form C-122 Revised 9-1-65

Г	ype Test									·····					AUC 1	9 1075	
	[X Initic	al i			•Annuc	al l			pecial	Test D				AUUT	8 1975	
C	ompany							nectionSpecial08/05/75									
Atlantic Richfield Co.									Union							3. 8.	
Pa	ool					For	mation	chern	Union					Unit	والانتقاعية وتناسبهم	, OFFICE	
		n Morr	ow X	ast			Mori	row						Unit			
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<u>+;</u> i0]		2 P 2	<u>8533</u>			<u>-</u>		P_ 2		394	7	1	<u>،</u>	. 2	7	0.000	 !
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1000.			8	Conduct	-	Huff		Mc1d	Calculate			• • <u></u>		ecked a		<u>939</u>	

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Atlantic Richfield State BR #1 K 16-21S-26E Eddy County 08/05/75

