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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

JAN 30 1975

Operator Atlantic Richfield Company		O. C. C. ARTEBIA, OFFICE	
Address P. O. Box 1710, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Designate	Other (Please explain)
New Well <input type="checkbox"/>		Oil <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/>
		To indicate date gas connected.	

If change of ownership give name and address of previous owner

R-4969
Avalon - Atoka Gas

I. DESCRIPTION OF WELL AND LEASE

dual w/Avalon Morrow gas

Lease Name State BR Com.	Well No. 1	Pool Name, including Formation Undesignated Atoka Gas	Kind of Lease State, Federal or Fee State	Lease No. K-4334
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 16 Township 21S Range 26E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Southern Union Gas Company		1400 Fidelity Union Tower, Dallas, Texas 75201		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 16	Twp. 21S	Rge. 26E
		Is gas actually connected?		When 2/3/75
		Yes		

If this production is commingled with that from any other lease or pool, give commingling order number: Letter-Mr. A.L. Porter, Jr. dated 12/9/74

V. 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		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)

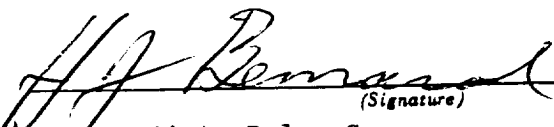
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

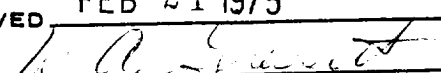
VI. CERTIFICATE OF COMPLIANCE

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.


Dist. Drlg. Supv.
(Title)
1/29/75
(Date)

OIL CONSERVATION COMMISSION

FEB 21 1975

APPROVED _____, 19____
BY 
TITLE SUPERVISOR, DISTRICT II

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.