VO. OF COPIES RECEIVED	n an				
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		Form C-104		
ANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110		
		AND	Effective 1-1-65		
J.S.G.S.	AUTHORIZATION TO TRAI		<b>NS</b>		
AND OFFICE					
RANSPORTER OIL / GAS //	\$ F	**************************************			
PERATOR / / PRORATION OFFICE					
tlantic Richfield Comp	any 🗸				
ddress	NN 00040				
. O. Box 1710, Hobbs, eason(s) for filing (Check proper box)		Other (Please explain)			
eason(s) for filing (Lineck proper box)	Change in Transporter of:	Omer (r teuse explain)			
	Cil Dry Gas	$\mathbf{X}$ Effective $8/1/76$	s <i>a</i>		
hange in Ownership	Casinghead Gas Condens	sate . for fourthern	- lincon Gos Co.		
change of ownership give name d address of previous owner					
ESCRIPTION OF WELL AND	LEASE Dual w/Avalon     Well No.   Pool Name, Including Fo	Morrow Gas Struction Kind of Lease	Lease No.		
tate BR Com			E Fac		
ocation	1 Avalon Atoka (	uas	State K-4334		
	80 Feet From The South Line	e and1980 Feet From Th	e West		
	vnship 215 Range	26E , NMPM,	Eddy County		
ESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which approve	d copy of this form is to be sent)		
he Permian Corporation		P A Box 1183 Houston	TX 77001		
Some of Authorized Transporter of Case T Paso Natural Gas Com	singhead Gas or Dry Gas XX	P. O. Box 1183, Houston, Address (Give address to which approve	d copy of this form is to be sent)		
I Paso Natural Gas Com	pany 🔨	Box 1384, Jal, NM 88252			
as Company Of New Mexi	Conit Sec. Twp. Rge.	Tirstactute Enacional Bludge			
ive location of tanks.	K 16 21S 26E		G 12/1/75 75270 DF NM 2/14/75		
this production is commingled with OMPLETION DATA		give commingling order number: <u>Adn</u>	ninistrative Approval		
Designate Type of Completio	on - (X)	New Well Workover DeepenLCC	Philip Back - Same Restor Discessor.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			Depth Casing Shoe		
Perforations					
	TUBING, CASING, AND	CEMENTING RECORD			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
EST DATA AND REQUEST F	OR ALLOWABLE (Test must be at	fter recovery of total volume of load oil as	nd must be equal to or exceed top allow-		
NL WELL	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,	, elc.)		
_ength of Test	Tubing Pressure	Casing Pressure	Choke Size		
- 			6		
Actual Prod. During Test	Oil-Bbis.	Water-Bbla.	Gas - MCF		
	<u></u>				
AS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of lest				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
ERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
		APPROVED	<u> </u>		
hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.					
		BY			
		TITLE			
		This form is to be filed in co	ompliance with RULE 1104.		
Signature)		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 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 filled for each pool in multiply			
				Accountant I	
(Title)					
8/31/76 (Date)					