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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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U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" 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"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kurland Federal	Well No. 1	Pool Name, including Formation Undesignated Strawn Gas	Kind of Lease State, Federal or Fee Federal NM-0501759	Lease No.
Location Unit Letter S 1980 Feet From The South Line and 1980 Feet From The West Line of Section 6 Township 21S Range 27E, 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1st International Bldg, Suite 1800, Dallas TX 7527					
If well produces oil or liquids, give location of tanks.	Unit S	Sec. 6	Twp. 21S	Rge. 27E	Is gas actually connected? Yes	When 12-22-76 3/15/76

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.
		X				X		X
Date <del>Started</del> commenced 12/8/76	Date Compl. Ready to Prod. 12/22/76		Total Depth 11,380'		P.B.T.D. 10,949'			
Elevations (DF, RKB, RT, CR, etc.) 3152.2' CR	Name of Producing Formation Strawn Gas		Top Oil/Gas Pay 9990'		Tubing Depth 9938'			
Perforations 9990, 91, 92, 93, 10020, 10021'					Depth Casing Shoe 11,378'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
No change in casing 7 7/8"	13 3/8" OD		500		475			
12 1/4"	8 7/8"		9938' 2500		1900			
7 7/8"	5 1/2"		11378		1000			
	2 7/8"		9938					

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 493.4 CAO	Length of Test 5-2/3 hrs	Bbls. Condensate/MMCF 3.85	Gravity of Condensate 55.9°
Testing Method (pilot, back pr.) 4-pt back pr.	Tubing Pressure (Shut-in) 3730#	Casing Pressure (Shut-in) Pkr	Choke Size variable

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.

OIL CONSERVATION COMMISSION	
APPROVED	DEC 29 1976
BY	W. A. Gueset
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 change 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.

Accountant I

(Title)

12/27/76

(Date)