DISTRIBUT	LION	~ ~							
SANTA FE		رت				NEW		ICO C	
FILE		1					R	EQU	EST
U.S.G.S.		1	0	A 1 2	THAT	71 <del>7</del> 4	TIO		
LAND OFFICE		-		ΑU	THOF	RIZA	.1101	1 10	TRA
TRANSPORTER	R OIL GAS	7							
OPERATOR		1							
PRORATION O	FFICE	1							
Operator		<del>1</del>							
Atlant:								<del></del>	
P. O. I Recson(s) for filin	Box 171	.0, ]	$\frac{\text{Hobbs}}{box}$	, Ne	w Me	xic	n 8	38240	0
New Well			·	Chan	ge in T	ransp	orter	of:	
Recompletion				Oil					ry Ga
Change in Owners	hip	·		Casir	nghead	Gas		C	onder
If change of owne	ership give evious ow	e nam	e	<del></del>					
DESCRIPTION	OF WEL	L AN	D LEA	ISE				,	
Lease Name State F	BT Com.					W	ell No <b>1</b>	Poc	Nan Ava
Location			<del></del>			!			
Unit Letter	C	66	30	_ Feet	From '	The_	No	rth	_Line
Line of Section	16		Townsh	p	21S		1	Range	
DESIGNATION	OF TRA	NSPO	RTER	OF C	IL A	ND N	iATI	JRAL	GA
Name of Authorized	d Transpor	ter of	CII	(	or Conc	iensa	e X	]	
The Per	mian C	orpo	orati	on	<u>.</u>	·			
Name of Authorized Gas Com	d Transpor I <b>DANV O</b>	terof f N∈	Casingh ew Me:	ead Ga: K <b>i C</b> O	s [] E ] l	or E Pasc	ory Go Na	s X tura	7
<u>Gas Co.</u>									
If well produces of give location of tar		3,	· .	t		TV		Rge.	
					16	_1_	21	26	
If this production	is commin	igled	with th	at from	any o	other	lease	e or po	001, 8
COMPLETION I	7/11/1								
COMPLETION I					011	Well	G	as We	11
Designate Ty		mple		(X)	Oil	Well	G	as We	11
		mple	tion -	(X)			!	as We	11
Designate Ty		mple	tion -				!	as We	11
Designate Ty		omple	tion -		l. Read	dy to	Prod.		11
Designate Ty		omple	tion -	e Comp	l. Read	dy to	Prod.		11
Designate Ty		omple	tion -	e Comp	l. Read	dy to	Prod.		11
Designate Ty		omple	tion -	e Comp	I. Read	dy to	Prod.	n	
Designate Ty Date Spudded  Pool  Perforations	vpe of Co	omple	tion -	e Comp	l. Read	dy to	Prod.	n ING,	
Designate Ty Date Spudded  Pool  Perforations		omple	tion -	e Comp	I. Read	dy to	Prod.	n ING,	
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Designate Ty Date Spudded  Pool  Perforations	vpe of Co	omple	tion -	e Comp	l. Read	dy to	Prod.	n ING,	
Designate Ty Date Spudded  Pool  Perforations	vpe of Co	omple	tion -	e Comp	l. Read	dy to	Prod.	n ING,	
Designate Ty Date Spudded  Pool  Perforations  HOLE	pe of Co		Date Name	e Comp	TUE	dy to	Prod.	ING,	AND
Designate Ty Date Spudded  Pool  Perforations  HOLE  TEST DATA AN OIL WELL	pe of Co	EST	Date Name	e Comp	TUE	dy to	Prod.  CAS ING !	n ING,	AND
Designate Ty Date Spudded  Pool Perforations  HOLE	pe of Co	EST	Date No.	e Comp	TUE NG &	dy to	Prod.  CAS ING !	ING, SIZE	AND
Designate Ty Date Spudded  Pool  Perforations  HOLE  TEST DATA AN OIL WELL	pe of Co	EST	Date No.	casi	TUE NG &	dy to	Prod.  CAS ING !	ING, SIZE	AND
Designate Ty Date Spudded  Pool  Perforations  HOLE  TEST DATA AN OIL WELL	pe of Co	EST	Por A	casi	TUE NG &	dy to	Prod.  CAS ING !	ING, SIZE	AND
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Designate Ty Date Spudded  Pool  Perforations  HOLE  TEST DATA AN OIL WELL Date First New Cil Length of Test  Actual Prod. During	D REQU	EST	FOR A	CASI LLOV	TUE NG &	JING,	Prod.  CAS ING !	ING, SIZE	AND  oe aft s dep
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Designate Ty Date Spudded  Pool  Perforations  HOLE  FEST DATA AN OIL WELL Date First New Cil  Length of Test  Actual Prod. During  GAS WELL  Actual Prod. Test- Testing Method (pit	E SIZE  D REQU  Run To To	EST inks	FOR A Date Tub	CASI  CASI  LLOV  of Telling Pre  Bbls.	TUE NG &	ING,	Prod.  CAS ING !	n ING, SIZE	AND be aft
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(Title)

(Date)

4-14-78

NSERVATION COMMISSION OR ALLOWABLE AND

Form C-124
Supersedes Old C-104 and (1-1)
Effective 1-1-65

LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	AL GAS
IRANSPORTER OIL / GAS /			REDEIVED
OPERATOR / PRORATION OFFICE Operator			APR 1 7 1978
Atlantic Richfie	ld Company 🏏		O. C. C
	Hobbs, New Mexico 88240		ARTESIA, OFFICE
Reason(s) for filing (Check proper	box)	Other (Please explain,	,
New Well Recompletion	Change in Transporter of:	TOS ()	
Change in Ownership	Oil Dry G		
If change of ownership give name and address of previous owner		ensate X	WCI
DESCRIPTION OF WELL AN	D LEASE		
Lease Name	Well No. Pool No	ame, Including Formation	Kind of Lease State
State BT Com.		alon Morrow Gas	State, Federal or Fee L-6705
	50 Feet From The North Li		rom The West
	Township 21S Range	26E , NMPM,	Eddy County
DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which o	approved copy of this form is to be sent)
The Permian Corpo		P. O. Box 1183, Mi	dland, Tex. 79701
Name of Authorized Transporter of Gas Company of Ne	Casinghead Gas or Dry Gas X ew Mexico El Paso Natural	Address (Give address to which a 1st International	approved copy of this form is to be sent) Bldg., Dallas, Tx. 75270 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 16 21 26	Is gas actually connected? Yes Yes	When Gas Co. of N.M. 12-13-77 EPNG 10-14-76
f this production is commingled COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comple	tion - (X)   Oil Well   Gas Well	New Well Workover Deeper	n Plug Back Same Restv. Diff. Rest
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		1	Depth Casing Shoe
	TUBING, CASING, ANI	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST OIL WELL		fter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allou
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
3.4.G. 19175 -		1	2 KA part
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	<del></del>
Testing Method (pitot, back pr.)			Gravity of Condensate P
resting wetting (prot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
ERTIFICATE OF COMPLIA	NCE	OIL CONSER	EVATION COMMISSION
hereby certify that the sules and	fregulations of the Oil Conservation	APPROVED APR 1	8 1978
ommission have been complied	with and that the information given	21/2	413 414
ove is true and complete to the	he best of my knowledge and belief.	BY SUPERVISOR,	DISTRICT II
10 2 · O.	101 1		
DiL. Shack	elford	If this is a request for a	in compliance with RULE 1104. Nowable for a newly drilled or deepened
Accountant I	nature)	well, this form must be according tests taken on the well in according to the well in the well	mpanied by a tabulation of the deviation

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II. III, and VI only 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 muitious completed wells.