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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

I. Operator
Atlantic Richfield Company
Address
501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colorado 80203
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **East Bisti Unit not terminated 11/1/71. Current estimate 12/1/71. Filed to correct off. date of Atlantic becoming operator 12/1/71. See Form C-104, dated 10/21/71, Approved 10/26/71.**

If change of ownership give name and address of previous owner **Stelly Oil Company, P.O. Box 1630, Tulsa, Oklahoma 74102**

II. DESCRIPTION OF WELL AND LEASE **Formerly: East Bisti Unit, Well #15**

Lease Name Bittney No.	Well No. 1	Pool Name, Including Formation Bisti, Lower Gallup	Kind of Lease Federal	Lease No. Con. 14-20-603-1349
Location Unit Letter G ; 2310 Feet From The North Line and 2310' Feet From The East Line of Section 23 Township 25 North Range 11 West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 23	Twp. 25N	Rge. 11W	Is gas actually connected?	When

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'v.	Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.					
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					
RECEIVED NOV 4 1971 OIL CON. COM. DIST. 3										

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.

M. E. Brown
M. E. Brown (Signature)
Drilling Clerk (Title)

November 4, 1971
(Date)

OIL CONSERVATION COMMISSION

NOV 4 1971

APPROVED _____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR

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.