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

Operator: Atlantic Richfield Company

Address: P. O. Box 1978, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) — Other (Please explain)

New Well — Change in Transporter of: Oil — Dry Gas — Casinghead Gas — Condensate — Eff: 6-29-70

Recompletion — Oil — Dry Gas — Casinghead Gas — Condensate

Change in Ownership give name and address of previous owner

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
[illegible]	31	[illegible] Ridge-Water Gas	State, Federal or Fee: Federal	[illegible]056376

Location: Unit Letter [illegible] 1[illegible] Feet From The [illegible] Line and [illegible] Feet From The West

[illegible] Township 19S Range 34E NMPM, Lea County

Name of Authorized Transporter of Oil or Condensate: [illegible] Corporation — Address (Give address to which approved copy of this form is to be sent): P. O. Box 3119, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas: [illegible] Petroleum Company — Address (Give address to which approved copy of this form is to be sent): Bartlesville, Oklahoma 74003

Name of Tanks or Oil or Liquids, Production of Tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	28	19S	34E	Yes	6-29-70

If this production is commingled with that from any other lease or pool, give commingling order number:

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

TOTAL [illegible] RECORD

[illegible]	CASING [illegible]	DEPTH SET	SACKS CEMENT

[illegible] AND REQUEST FOR ALLOWABLE (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

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

[illegible] 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.

(Signature)

[illegible] Clerk

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 15 1970, 19

BY [signature]

TITLE [illegible] DISTRICT

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