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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL & GAS CONSERVATION COMMISSION
 HUBBS OFFICE
 REQUEST FOR ALLOWABLE
 AUTORIZATION 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
P. O. Box 1978, Roswell, New Mexico 88201

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)
P & A Tubb Drinkard Zone. Well is now Blinebry and Fusselman dual.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Y	Well No. 8	Pool Name, Including Formation Justis Blinebry	Kind of Lease State, Federal or Fee State	Lease No. B-11478
Location Unit Letter H ; 1980 Feet From The North Line and 990' Feet From The East				
Line of Section 25 Township 25S Range 37E , NMPM, Lea 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"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 25	Twp. 25S	Rge. 37E
	Is gas actually connected? Yes		When 5-15-68	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res ^v .	Diff. Res ^v .
Date Spudded W/O Commenced 5-9-68	Date Compl. Ready to Prod. 5-15-68	Total Depth 6880'	P.B.T.D. 6879'					
Elevations (DF, RKB, RT, GR, etc.) 3075 DF	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5178'	Tubing Depth 5163'					
Perforations 5178-5185-5201-5267-5280-5291-5299-5365-5399-5425, 5433 & 5444						Depth Casing Shoe 482.37		
TUE. NG, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17 1/2"	13 3/8"		482.37			425		
12 1/4"	9 5/8"		3329.51			1800		
8 3/4"	7"		6879.65			340		
	2"		5163.00					

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 May 15, 1968	Date of Test May 16, 1968	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 585#	Casing Pressure Pkr.	Choke Size 16/64"
Actual Prod. During Test 97 bbls.	Oil - Bbls. 97	Water - Bbls. 0	Gas - MCF 569

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.

A. D. Klothin
 (Signature) **A. D. Klothin**
District Production & Drilling Superintendent
 (Title)
May 20, 1968
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY [Signature]
 TITLE _____

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 completed wells.