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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	

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

RECEIVED
 SEP 30 1969
 O. C. C.
 ARTEZIA, OFFICE

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)
 changed location of tank battery.
 effective 10-1-69.

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

II. DESCRIPTION OF WELL AND LEASE unitization #14-08-00-11572 LC 062082
 Lease Name East Shugart Unit Well No. 27 Pool Name, Including Formation Shugart Y 7R, Q.G. Kind of Lease State, Federal or Fee Federal Lease No.
 Location
 Unit Letter O ; 990 Feet From The South Line and 1650 Feet From The East
 Line of Section 34 Township 18S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
 Texas New Mexico Pipeline Company P. O. Box 1510, Midland, Texas 79701
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
 Phillips Petroleum Company Phillips Bldg., Odessa, Texas 79760
 If well produces oil or liquids, give location of tanks. Unit L Sec. 35 Twp. 18S Rge. 31E Is gas actually connected? Yes When 6-1-59

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.T.D.
 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

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 (pilot, 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.

 (Signature)
 Acctg. Mat'l. Supvr.
 (Title)
 9-29-69
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED OCT 3 1969
 BY W.A. Gressett, 19
 OIL AND GAS INSPECTOR
 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.