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U.F.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PROBATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-114
 Supersedes O.C.C. 0-114 and O-110
 Effective 1-1-65

RECEIVED

SEP 15 1969

O. C. C.
 ALBUQUERQUE, NEW MEXICO

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: Oil Dry Gas

Recompletion Oil Condensate

Change in Ownership Casinghead Gas Condensate

Eff: **7-1-69 from Shelby**

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name: **H. E. West "A"** Lease No. _____ Well No. **10** Pool Name, including Formation: **Grayburg Jackson O.G.S.A.** Kind of Lease: **Federal**

Location: Unit Letter **D**; **660** Feet From The **North** Line and **660** Feet From The **West**

Line of Section **3** Township **17S** Range **31E**, NMPM, **Eddy** County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorizing Transporter of Oil or Condensate
Navajo Refining Co. Pipeline Div.

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Continental Oil Company

Address (Give address to which approval of this form is to be sent):
2197 Hamilton, P.O. Box 22001, Ponca City, Oklahoma 74601

If well produces oil or liquids, give location of tanks: Unit **A** Sec. **4** Twp. **17S** Rge. **31E** Is gas actually connected? **Yes** When **5-6-60**

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

III. 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

IV. 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	Casing Pressure	Choke Size

V. 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. Suprv.

(Title)
 August 28, 1969
 (Date)

OIL CONSERVATION COMMISSION

SEP 29 1969

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.