	.' <del>-</del>		
DISTRIBUTION	REQUEST FO	ERVATION COMMISSION RIALDONASLE ND	Supervise Diff Ortog and C-110 Effective 1-1-65
ILE / .S.G.S. AND OFFICE		PORTPOLLOND NATURAL GAS	
RANSPORTER OIL GAS			D. C. C.
PRORATION OFFICE			
Atlantic Richfield Con ddress	npany		
P. O. Box 1978, Roswe eason(s) for filing (Check proper box) ew Well ecompletion hange in Ownership	11, New Mexico 88201 Change in Transporter of: Oil TA Dry Gas Casinghead Gas Condensat	to Navajo REfining	ental Pipe Line Company Co – Pipeline Division
change of ownership give name d address of previous owner	· · · · · · · · · · · · · · · · · · ·		
ESCRIPTION OF WELL AND L ease Name West Red Lake Unit	EASE Well No. Pool Name, Including Form 23 Red Lake Graybu	State (Federal O	<u>LC.043894</u> Lease No. <u>FF7LC043894</u>
	OFeet From The_NorthLine of		
Line of Section 8 Town	nship 18S Range 2	7Е , ММРМ,	Eddy County
ESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)
Navajo Refining Co - vame of Authorized Transporter of Cast Phillips Petroleum Co Pan American Petroleu	Pipel ne Division	P. O. Box 67, Artesia, N Address (Give address to which approve Phillips Building, Odess P. O. Box 68, Hobbs, New Is gas actually connected?	a copy of this joint is to be still,
f well produces oil or liquids, tive location of tanks.	B 7 18S 27E	yes l	1-1-69
this production is commingled wit OMPLETION DATA	h that from any other lease or pool, g	ive commingling order number:	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio	n - (X)		P.B.T.D.
)ate Spudded	Date Compl. Ready to Prod.	Total Depth	Tubing Depth
levations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Depth Casing Shoe
Perforations			
	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
EST DATA AND REQUEST F	OR ALLOWABLE (Test must be af able for this de	Dia of be for juit 24 hours/	and must be equal to or exceed top allow-
II. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	(t, etc.)
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
ictual 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
ERTIFICATE OF COMPLIA	NCE	J	TION COMMISSION
hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BY	Cermeto na mine a do vili
		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 allow able on new and recompleted wells.	
June 9, 1969 (Date)			II, III, and VI for changes of condition often or other such change of condition ist be filed for each pool in multipl

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