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┝	NO. OF COPIES RECEIVED		· · ·			
┝	DISTRIBUTION			Supersedes Old C-104 and C-110		
ł	FILE /e	REQUEATOBY	BB AFFRITABLE C.	Effective 1-1-55		
┝			AND	S JUN 1 3 1969		
ŀ	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND GATURAL GA	5 0011 1 9 1000		
ŀ	LAND OFFICE	2011	· CII: N UJ	O. C. C.		
	IRANSPORTER OIL			ARTESIA, OFFICE		
ļ						
	OPERATOR					
1.	PRORATION OFFICE					
	-r ··· ·					
-	Atlantic Richfield Com	ipany ,	· · · · · · · · · · · · · · · · · · ·			
		1. New Mexico 88201	·			
	P. O. Box 1978, Roswel	1, New Mexico 88201	Other (Please explain)			
	Reason(s) for filing (Check proper box)	Change in Transporter of:		ental Pipe Line Company		
	New Well	Oil XX Dry Gas		Co - Pipeline Division		
	Recompletion	Casinghead Gas Condense		•		
ļ	Change in Ownership					
	If change of ownership give name					
	and address of previous owner					
II .	DESCRIPTION OF WELL AND L	Well No.; Pool Name, Including For	mation Kind of Lease	Lease No.		
	West Red Lake Unit	31 Red Lake Graybu	State Federal r	[™] / [¶] /№ 031186		
	Location	31 Red Lake Glaybu				
		North	and 1980 Feet From Th	e West		
	Unit Letter <u>C</u> ; <u>660</u>	Feet From The <u>North</u> Line	ana 2000 reet riom in			
	Line of Section 9 Town	ship 18S Range 27	TE , NMPM, Eddy	County		
	Line of Section 9 Town					
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Cil	X or Condensate	Address (Give address to which approve	d copy of this form is to be sent)		
	Navajo Refining Co - H	Pipe Z ine Division	P. O. Box 67, Artesia,	New_Mexico		
	Name of Authorized Transporter of Cash Phillips Petroleum Co.		Address (Give address to which approve	ed copy of this form is to be sent)		
	Phillips Petroleum Co. Pan American Pet. Corr		Phillips Building, Ode P. O. Box 68, Hobbs, N	saa, texas		
	↓ 	Unit Sec. Twp. Ege.	Is gas actually connected? When	1		
	If well produces oil or liquids, give location of tanks.	B 7 18S 27E	yes	unknown		
	If this production is commingled with	that from any other lease or pool g	ive commingling order number:			
IV	COMPLETION DATA	I that nom any other rease of post, B				
1 .		On went	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	· · ·	1 I			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
				Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations					
		TUBING, CASING, AND	CENENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE				
				· · · · · · · · · · · · · · · · · · ·		
			the second state walking of land all a	and must be equal to or exceed top allow-		
V	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)		
			· · · · · · · · · · · · · · · · · · ·			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas - MCF		
	-		1			
	L					
	GAS WELL		•·····			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
				Chaba Sinc		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
V	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
•	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.			121 19 14 19 19		
			BY TAK	lame		
	above is true and complete to the	- near of my knowledge and perter	OIL AND GI	C INCOLOXOB		
			TITLE			
	(Signature) A. D. Kloxin		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.			
			tests taken on the well in acco	at be filled out completely for allow-		
	District Production & Drilling Supt. (Tiule)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.			
	June 9, 1969		Titl aut only Sections I II III and VI for changes of owner,			
		ate)	well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipl			
			Separate Forms C-104 mus completed wells.	st be med for each poor in maniply		

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Í	NO. OF COPIES RECEIVED			and the second second	
t	DISTRIBUTION	NEW MEXICO OIL COM	SERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST E	OR ALLOWABLE	Supersedes Old C-104 and C-110	
			AND		
	FILE			RECEIVED	
	U. S .G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS		
	LAND OFFICE			IAN -	
	OIL			JAN 3 1989	
	IRANSPORTER GAS				
				D. C. C.	
	OPERATOR				
1.	PRORATION OFFICE			ARTERIA, OFFICE	
	Operator				
	Atlantic Richfield (Company			
	Address				
	P. O. Box 1978, Rost	vell. New Mexico 88	201		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
		Change in Transporter of:	To indicate Ce	entral Battery	
	New Well				
	Recompletion		Incarion All'	gas transporter	
	Change in Ownership	Casinghead Gas Condens	ate _ + show adduction	gas turing	
	· · · · · · · · · · · · · · · · · · ·	;		•	
	If change of ownership give name			······································	
	and address of previous owner				
H.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.	
·	Lease Name			f#### #14-08-0001-8970	
	West Red Lake Unit	31 Red Lake Gray	burg br		
	Location				
	Unit Letter C ; 660	Feet From The North Line	and <u>1980</u> Feet From Th	e <u>Wesl</u>	
	Unit Letter				
	Line of Section 9 Town	ship 18S Range 27E	E , NMPM, Eddy	County	
	Line of Section - Town		· · · · ·		
	THE THE PROPERTY OF THE ANGROUP	ED OF OUL AND NATURAL GAS	5	·	
ш	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)	
	Name of Authorized iransporter of Off		N. Freeman Ave, Arte	esia, New Mexico	
	Continental Pipe Li	ne Company	Address (Give address to which approve Phillips Building, (ed copy of this form is to be sent)	
	Nate of Authorized Transporter of Cast Phillips Petroleum	nghead Gas or Dry Gas	Phillips Building, (Ddessa, Texas	
	Pan American Pet. C	orp.	Box 68, Hobbs, New 1	Mexico	
		Unit Sec. Twp. Ege.	Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	B 7 18S 27E	yes	unknown	
			rive commingling order number:		
	If this production is commingled with	h that from any other lease or pool,	Bive committering order memoer		
IV	COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio				
	Designate Type of Completio		The second secon	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		
				Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	Periorations				
		TURING CASING AN	D CEMENTING RECORD		
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
		OR ALLOWARLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-	
	V. TEST DATA AND REQUEST F	able for this d	epth or be for full 24 hours)		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	jt, etc.j	
	Date First New Oil Fun 10 Tunks				
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test				
			Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.			
	·				
	GAS WELL			Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Arranth or condengate	
	The second	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	· · · · · · · · · · · · · · · · · · ·			
			OUL CONSERV	ATION COMMISSION	
	VI. CERTIFICATE OF COMPLIAN	ICE		ation commission 0 1969	
				0 1303	
		ereby certify that the rules and regulations of the Oil Conservation		APPROVED	
	I hereby certify that the filles and regulations of the information give Commission have been complied with and that the information give		In Will gresset		
	above is true and complete to the	Commission have been complied with and that the incommended belief. above is true and complete to the best of my knowledge and belief.		TITLE OIL AND GAS MODEDTAD	
	Alkindin A. D. Kloxin (Signature)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepend the deviation of the		
	application	A. D. Kloxin	If this is a request for allo	panied by a tabulation of the deviation	
	(Si	nature)	I save seven on the Well IN SCC	Ofdance with home the	
	District Productio	n & Drilling Supt	- it sections of this form m	nust be filled out completely for another	
	DISTRICT PRODUCTIO	$\frac{11}{11} \propto 17 + 1 + 1 + 11 + 11 + 11 + 11 + 11 +$	All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
	1-2-69	· /		to the and the for changes of owner,	
			I mail name or number, or transpo	filed of other starts	
	(Date)		Separate Forms C-104 must be filed for each pool in multiply		
			· · · · · · · · · · · · · · · · · · ·		

rm 9–331		LATES	SUBMIT IN Th. JCATE	Form appr	31186 oved.	
(am 1049)	9-331 1963) JTED STATES SUBMIT IN Th. JICATE [®] Other instructions on re- DEPARTMENT OF THE INTERIOR verse side)			e- Budget But 5. LEASE DESIGNATIO	N AND SERIAL NO.	
1			IV verse side)	14-08-0001	-0030	
	GEOLOGICAL			6. IF INDIAN, ALLOT	TEE OR TRIBE NAM	
SUND	RY NOTICES AND	REPORTS Of	N WELLS		1	
(Do not use this for I	rm for proposals to drill or to Use "APPLICATION FOR PER.	deepen or plug bac! MIT—" for such prop	k to a different reservoir. osals.)			
				7. UNIT AGREEMENT NAME		
OIL GAS WELL	OTHER			West Red	Lake Unit	
NAME OF OPERATOR				8. FARM OR LEASE N	AME	
Atlantic Ric	A Boy 1978 - Romall, New Maxico 88201					
ADDRESS OF OPERATOR				9. WELL NO.	10. FIELD AND POOL, OB WILDCAT	
P.O. Box 197				10. FIELD AND POOL		
LOCATION OF WELL (Report location clearly and in accordance with any State requirements." See also space 17 below.) At surface 660' FRL & 1980' FWL NE/4NW/4, Unit C					Red Lake	
				11. SBC., T., B., M., O	11. SDC., T., B., M., OR BLK. AND	
				SURVEY OR AB	. .	
				Sec. 9, T-	185. R-2	
PERMIT NO.	15. ELEVATIONS	S (Show whether DF, R	T, GR, etc.)	12. COUNTY OR PAR		
	3	565' DF		RAdv	New M	
		T I II - NI				
	Check Appropriate Box	to Indicate Na	ture of Notice, Report, or			
NO	TICE OF INTENTION TO:		SUBSI	QUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER C	ASING	WATER SHUT-OFF	REPAIRIN	G_WELL	
FRACTURE TREAT	MULTIPLE COMPL	ETE	FRACTURE TREATMENT	ALTERING		
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDON	MENT*	
REPAIR WELL	CHANGE PLANS			ang Change Its of multiple completion	on on Well	
(Other)			Completion or Becon details, and give pertinent dat	npletion Report and Log	form.)	
WES THEIRde	d in the West R	ed make on	it. Will be ca			
West Red Lal	ke Unit Well #3	l on subse	quent reports.	· · · · · · · · · · · · · · · · · · ·		
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				5		
			FEET- 7196	SUNT CO		
			AUG- WIN	SURVET	IV E D	
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			AUG- 719F AUG- 719F U.S. GEDI-OGIO ABTESIA, NE	B N SURVET N MEXICO N MEXICO AUG	1968	
			AUG-7196 AUG-7196 U.S. GEULOGIUM ARTESIA		1968	
			AUG 7196 AUG 7196 U.S. GEULGUIN ABTESIA, NE		1968	
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			AUG-7196 AUG-7196 U.S. GEULUGUN ARTESIA		1968	
. I hereby certify that t Original Sign	he foregoing is true and corre	•et		C). ARTES	1968	
3. I hereby certify that t Original Sign SIGNEDA. D. Kloxin	the foregoing is true and corre	et	AUG- 7196 AUG- 7196 U. S. GEULUGUN ARTESIA, WE ARTESIA, WE	C). ARTES	1968	
	the foregoing is true and correct	et TITLE Dist		C). ARTES	1968	
	<u>б</u>			C. ARTES	1968	
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This spectra D. Kloxin (This spectra Perroved By Conditions Of Aper AUG , B. B.	PROVAL, IF ANY:		: Prod & Drlg. S	(). ARTES	1968	

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Fed-eral and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable. State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement pudge; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for fluid inspection looking to approval of the abandonment. U.S. GOVERNMENT PRINTING OFFICE (1983-0-09922.0)

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DISTRIBUTION	REQUEST FO	R ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55		
U.S.G.S.		PORT OIL AND NATURAL GA	ECEIVED		
TRANSPORTER OIL / GAS /					
OPERATOR /	1		AUG 7 1958		
Operator	Company		O. C. C.		
Address		· · · · · · · · · · · · · · · · · · ·			
P.O. Box 1978- Roswe Reason(s) for filing (Check proper box)	ell, New Mexico	Other (Please explain) Included in W R	ed Lake Unit		
	Change in Transporter of: Oil Dry Gas	effective 8-1-6	8- change in name		
	Casinghead Gas Condensa	te from Mann Feder	al Lease Well #2		
f change of ownership give name and address of previous owner					
	EASE	ration Kind of Lease	Lease No.		
Lease Name	well NS: Poor Rame, moraling - com	Spice, Federal of	xxx#14-08-0001-8970		
Location		-	west		
Unit Letter C; 660			Country		
Line of Section 9 Town	aship <u>185 Range 2</u>	<u>/E, NMPM, Eddy</u>	·		
DESIGNATION OF TRANSPORT	r Condensate	France a And			
Continental Pipe Li	ne Company	ATTESIA N	lew Mexico ed copy of this form is to be sent)		
	Company	Phillips Bldg. Odes	sa, Texas		
If well produces oil or liquids,	Unit Sec. Twp. Hge. C 9 18S 27E	Yes	Unknown		
If this production is commingled with	h that from any other lease or pool, g	ive commingling order number:			
		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DE RKB RT CR etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			Depth Casing Shoe		
Perforations					
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil	and must be equal to or exceed top allow-		
OIL WELL	able for this depth or be for full 24 hours) OIL WELL				
	Tubing Dressure	Casing Pressure	Choke Size		
		Waters Bhile	Gas • MCF		
Actual Prod. During Test	Oil-Bbls.				
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		
I. 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.					
				TITLE	
		(Signature) A.D. Kloxin		11	compliance with RULE 1104. wable for a newly drilled or deepened
well, this form must be accompanied by a the BULE 111.					
(51	inature)				
District Production		All sections of this form m	nust be filled out completely for allow wells.		
District Productio	n & Drilling Supt.	tests taken on the well in acc Ail sections of this form m able on new and recompleted of Fill out only Sections I, well same or number, or transpo	nust be filled out completely for allow		
	SANTA FE // / / / / / / / / / / / / / / / / /	DISTRIBUTION INEW MEXICO COLL CON REQUEST FO TILE SANTA FE / U.S.G.S. AUTHORIZATION TO TRANS LAND OFFICE OL ITRANSPORTER OL IRANSPORTER OL IRANSPORTER OL ATLANTION OFFICE AUTHORIZATION TO TRANS PORATION OFFICE OPERATOR PORATION OFFICE ONE Atlantic Richfield Company May Mexico Address Company Address Company Maddress Operation New Weil Change in Transporter of: Change in Ownership give name Condence Mathematical Transporter of Calinghead Gas Condence Viil Letter C 660 Peet From The NOTHALLARS Caraation Location Transporter of Calinghead Gas 01 Mare of Authorized Transporter of Casinghead Gas 01 01 News of Authorized Transporter of Casinghead Gas 01 01 News of Authorized Transporter of Casinghead Gas 01 01 News of Authorized Transporter of Casinghead Gas 01 01	District ON Image: District		