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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

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State EJ Well No. 1 Pool Name, including Formation Vada Pennsylvanian R-3662 Kind of Lease State, Federal or Foreign K-2370
Location
Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West
Line of Section 9 Township 10S Range 34E , NMPM, Lea County, N. M. County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Pan American Pet. Co. (Trucks)
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit E Sec. 9 Twp. 10S Rge. 34E Is gas actually connected? no When Vented Temporarily

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 10-23-68	Date Compl. Ready to Prod. 12-7-68	Total Depth 10045	P.B.T.D. 10,000					
Elevations (DF, RKB, RT, GR, etc.) 4240 DF	Name of Producing Formation Penn	Top Oil/Gas Pay 9936	Tubing Depth 9890					
Perforations 9936-9942-2 J5PF			Depth Casing Shoe 10045					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	410.40'	400
12 1/4 & 11	8 5/8	4092.32	500
7 7/8	5 1/2	10045	300
	2 3/8	9890	

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 12-7-68	Date of Test 12-8-68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 19 hrs	Tubing Pressure 150	Casing Pressure Packer	Choke Size 3/8
Actual Prod. During Test 381	Oil - Bbls. 299	Water - Bbls. 82	Gas - MCF Not Measured

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.

A. D. Butcher
(Signature)

District Drilling Supervisor
(Title)

12-9-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR

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.