| | | 7 × × | | | | |
|--------------|---|-----------------------------|--|--|--|--|
| | NO. OF COPIES RECEIVED | 7 | | | | |
| | DISTRIBUTION | NEWAEVICO | | | | |
| | SANTA FE | NEW MEXICO REQ | | | | |
| | FILE | | | | | |
| | U.S.G.S. | AUTHORIZATION T | | | | |
| | LAND OFFICE | | | | | |
| | TRANSPORTER OIL | _ | | | | |
| | GAS | | | | | |
| - | OPERATOR PRORATION OFFICE | - | | | | |
| | Operator | | | | | |
| | Atlantic Richfield Company | | | | | |
| ĺ | Address | | | | | |
| 1 | P. O. Box 1710, Ho | | | | | |
| | Reason(s) for filing (Check proper be | | | | | |
| ĺ | New Well | Change in Transporter of: | | | | |
| | Recompletion Change in Ownership | Oil A Casinghead Gas | | | | |
| - | change in Ownership | Castrigueda Gas | | | | |
| | If change of ownership give name | | | | | |
| | and address of previous owner | | | | | |
| | DESCRIPTION OF WELL AND | | | | | |
| | Lease Name | Well No. I | | | | |
| | Flying "M" State | 1 1 | | | | |
| | Location | 00 ' " | | | | |
| | Unit Letter N; 5 | Feet From The South | | | | |
| | Line of Section 20 , T | ownship 9S Ran | | | | |
| | Line of Section 20 , 1 | Ownship DD Han | | | | |
| | DESIGNATION OF TRANSPO | RTER OF OIL AND NATUR | | | | |
| | Name of Authorized Transporter of C | | | | | |
| | Mobil Pipėline Co. | | | | | |
| | Name of Authorized Transporter of Casinghead Gas 🕱 💮 or Dry Gas | | | | | |
| | Cities Service Oil | | | | | |
| | If well produces oil or liquids, | | | | | |
| | give location of tanks. | 1 20 35 | | | | |
| | If this production is commingled with that from any other lease o COMPLETION DATA | | | | | |
| | | Oil Well Gas | | | | |
| | Designate Type of Complet | ion $-(X)$ | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | | | | |
| | | | | | | |
| | Pool . | Name of Producing Formation | | | | |
| Desforations | | | | | | |
| | Perforations | | | | | |
| | TUBING, CASIN | | | | | |
| | HOLE SIZE | CASING & TUBING SIZ | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | TEST DATA AND REQUEST | | | | | |
| | OIL WELL | able for | | | | |
| | Date First New Oil Run To Tanks | Date of Test | | | | |
| | Length of Test | Tubing Pressure | | | | |
| | Length of Test | raping resoure | | | | |
| | Actual Prod. During Test | Oil-Bbls. | | | | |
| | | | | | | |
| | 1 | | | | | |
| | | | | | | |

Accountant I

8-30-77

(Title)

(Date)

| SA | NTA FE | | CONSERVATION COMMISSION | Form C-104 Supersedes Old C-104 and C-110 | | |
|--------------|---|--|---------------------------------------|---|--|--|
| | LE | - REQUEST | FOR ALLOWABLE | Effective 1-1-65 | | |
| | S.G.S. | 411711001747101170 70 70 | AND | C | | |
| ļ—— | | AUTHORIZATION TO TRA | ANSPORT OIL AND NATURAL O | AS | | |
| | AND OFFICE | | | | | |
| TR | RANSPORTER | _ | | | | |
| - | GAS | | | | | |
| - | PERATOR | 4 | • | | | |
| | PROPATION OFFICE | | | | | |
| Ope | | Componer | | | | |
| Add | Atlantic Richfield Company | | | | | |
| Add | | | | | | |
| | P. O. Box 1710, Hob | | LOU (DI | | | |
| ł | leason(s) for filing (Check proper box) Other (Please explain) Pffortive 9-1-77 | | | | | |
| Nev | w Well Change in Transporter of: Effective 9-1-77 | | | | | |
| Rec | ecompletion Oil X Dry Gas | | | | | |
| Cho | ange in Ownership | Casinghead Gas Conden | nsate | | | |
| | | | | | | |
| | hange of ownership give name address of previous owner | | | | | |
| and | address of previous owner | | | | | |
| n bed | SCRIPTION OF WELL AND | TEACE | | | | |
| | ase Name | Well No. Pool Na | me, Including Formation | Kind of Lease | | |
| | Flying "M" State | 1 Flyin | ıg "M" San Andres | State, Federal or Fee State | | |
| Loc | ration | 1 | S III Dan Marco | Beace | | |
| | | O Conth | 1000 | 717 d | | |
| , | Unit Letter N ; 50 | O Feet From The South Lin | ne and 1980 Feet From | The West | | |
| | , | | | | | |
| ! | Line of Section 20 , To | wnship 9S Range | 33E , NMPM, Le | ea County | | |
| | ** | | | | | |
| | | TER OF OIL AND NATURAL GA | | | | |
| Nar | me of Authorized Transporter of Ci | X or Condensate | Address (Give address to which approx | ved copy of this form is to be sent) | | |
| Ì | Mobil Pipėline Co. | | P. O. Box 900, Dallas | , Texas 75221 | | |
| Nat | me of Authorized Transporter of Ca | singhead Gas 🗶 💮 or Dry Gas 🦳 | Address (Give address to which approx | ved copy of this form is to be sent) | | |
| | Cities Service Oil | Company | P. O. Box 300, Tulsa, | Okla. 74102 | | |
| 76 | | Unit Sec. Twp. Rge. | Is gas actually connected? Whe | | | |
| | well produces oil or liquids, e location of tanks. | N 20 9S 33E | Yes | 5-31-77 | | |
| L | | | <u> </u> | 2-31-77 | | |
| | | th that from any other lease or pool, | give commingling order number: | | | |
| V. <u>CO</u> | MPLETION DATA | OH Wall Coo Wall | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Completion | on - (X) | New Well Workover Deepen | Plug Buck Same Res V. Diff. Res V. | | |
| | | | 1 | | | |
| Dat | te Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | | | | | | |
| Poo | ol . | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | | | | | | |
| Per | rforations | | , , , , , , , , , , , , , , , , , , , | Depth Casing Shoe | | |
| Ĭ | | | | | | |
| | | TUBING, CASING, AND | CEMENTING RECORD | | | |
| - | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| - | HOLE 312C | CASING & TOBING SIZE | 32. 11. 32. | SKOKO GEMENT | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | <u> </u> | | |
| V. TE | ST DATA AND REQUEST F | OR ALLOWABLE (Test must be a | | and must be equal to or exceed top allow- | | |
| | L WELL | able for this de | epth or be for full 24 hours) | | | |
| Dat | te First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas li | ft, etc.) | | |
| | | | | | | |
| Ler | ngth of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| 1 | | | | | | |
| Act | tual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF | | |
| | • | | | | | |
| I | | | | .1 | | |
| ~ - | C WEET | | | | | |
| | AS WELL | The state of Table | Dille Control | Town to | | |
| Ac | tual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | | | | | | |
| Te | sting Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | | |
| | | | | | | |
| ער או הב | RTIFICATE OF COMPLIAN | CF | OIL CONSERVA | TION COMMISSION | | |
| 11. CE | CERTIFICATE OF COMPLIANCE | | UNSERVA | TION COMMINION | | |
| | | | APPROVED | 10 | | |
| | | regulations of the Oil Conservation | APPROVED | , 19 | | |
| Con | mmission have been complied over is true and complete to the | th and that the information given best of my knowledge and belief. | BY | rig, Signed by Les Ciemients | | |
| | and complete to the | III and | | des Camphille MacCaphille | | |
| • | · - | | TITLE | 11 get and the S | | |
| | D. L. Shockelford | | | | | |
| | | | 11 | compliance with RULE 1104. | | |
| - | | | If this is a request for allow | vable for a newly drilled or deepened | | |
| | '1 (Sign | naturej) | well, this form must be accompa | nied by a tabulation of the deviation | | |

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 Sections I, II, III, and VI only 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