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	GAS		
OPERATOR			
PRORATION OFFICE			

Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Atlantic Richfield Company Address P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) Effective 9-1-77 New Well Change in Transporter of: X Recompletion Dry Gas Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner \_\_\_ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Flying "M" San Andres State, Federal or Fee State Flying "M" State Location Feet From The West 710 500 \_\_Line and Feet From The Line of Section 20 , Township 9S Range 33E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | X | or Condensate | Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221 Mobil Pipeline Company Name of Authorized Transporter of Casinghead Gas 🚺 💮 or Dry Gas 🗍 Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, Okla. 74102
Is gas actually connected? When Cities Service Oil Company Rge. Unit If well produces oil or liquids, give location of tanks. N 20 33E 5-31-77 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Same Resty, Diff. Resty. Plug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Pool Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test 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 Casina Pressure Testing Method (pitot, back pr.) Tubing Pressure Choke Size OIL PERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED\_ 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.

D. L. Strackelford Accountant I (Title)

8-30-77 (Date) BY\_ Les Claments TITLE \_

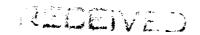
This form is to be filed in compliance with RULE 1104.

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 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



AUC 3 11977

OIL CONSERVATION COMM. HOBBS, N. M.