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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

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flying "M" State	Well No. 3	Pool Name, Including Formation Flying M San Andres	Kind of Lease State, Federal or Fee State
Location			
Unit Letter L ; 1900 Feet From The South Line and 800 Feet From The West			
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Mobil Pipeline Company	Box 900, Dallas, Texas 75221		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Cities Service Oil Company	Box 300, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 20	Twp. 9S
			Rge. 33E
			Is gas actually connected? Yes
			When 10/5/77

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res.v. <input type="checkbox"/>	Diff. Res.v. <input type="checkbox"/>
Date Spudded 9/12/77	Date Compl. Ready to Prod. 10/5/77	Total Depth 4480'		P.B.T.D. 4390'					
Pool Flying M SA	Name of Producing Formation SanAndres	Top Oil/Gas Pay 4350'		Tubing Depth 4362'					
Perforations 4350, 51, 52, 54, 58, 62, 64, 65, 66, 67, 72, 73, 74, 75, 78, 79, 81, 82		Depth Casing Shoe 4480'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"		7" OD		1900'		524			
6-1/8"		4 1/2" OD		4480'		875			
		2-3/8" OD		4362'					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9/28/77	Date of Test 11/9/77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure	Choke Size
Actual Prod. During Test 52 bbls	Oil-Bbls. 12	Water-Bbls. 40	Gas-MCF 79

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

D. L. Shackelford
(Signature)
Accountant I
(Title)
11/15/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **[Signature]**

TITLE **ENGINEER**

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 completed wells.