NO. OF COPIES RECE	EIVED	i		
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
THAILST GRY ER	GAS			
OPERATOR				
BRODATION OFFICE				

	DISTRIBUTION					
	NEW MEXICO OIL CONSERVATION COMMISSION FORM C-104					
		REQUEST	REQUEST FOR ALLOWABLE			
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS JUN 31 AM 'FF		
	LAND OFFICE			and con I that MI DA		
	OIL					
	TRANSPORTER GAS					
	OPERATOR					
I.	PRORATION OFFICE	L				
	Operator					
	Atlantic Richfield	Company				
	Address					
	P. O. Box 1978, Ros	well. New Mexico 88	3201			
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:				
		· —				
	Recompletion	Oil Dry Gas	=			
	Change in Ownership	Casinghead Gas Conden	nsate			
	If change of ownership give name					
and address of previous owner						
	1. DESCRIPTION OF WELL AND LEASE Chaveron-San Andres R-3080					
н.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		e Lease No.		
				i		
	State BF	2 Chaveroo San	Andres Ext. State, Federa	of or Fee State OG-1195		
	Location					
	Unit Letter B : 660	Feet From The North Line	e and 1980 Feet From	The Bast		
	J 25.10.					
	Line of Section 3 Tow	rnship 85 Range 3	33E , NMPM, Cha	ves County		
	Line of Section 3	namp OB Range S	756 7100	<u>ves</u>		
			0			
Ш.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	Address (Give address to which appro	und conv of this form is to be sent!		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent;		
	The Permian Corpora	tion	P. O. Box 3115. Mid	land, Texas		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)		
		,				
		Unit Sec. Twp. Rge.	Is gas actually connected? NO Wh	en		
	If well produces oil or liquids,	0 00 00 00		pending Sales outlet		
	give location of tanks.	A 3 8S 33E	venced cemporarrry	pending bares oddies		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA					
		Oil Well Gas Well	New Well Workover Deepen	Plug Back 'Same Hes'v.' Diff. Hes'v.		
	Designate Type of Completio	n-(X) X	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	5-2-66	5-16-66	4491	4453		
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	· ·	· ·			
	4392' DF	San Andres	4198	4177.81		
	Perforations			Depth Casing Shoe		
	4200 4302 06 10	39,44,50,55 & 61 w/	/1-3/8" Jet Shot	4490 99		
	4200, 4302, 00, 10,	TURING CASING AND	CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE		<u> </u>			
	12-1/4	8-5/8	367.66	255		
	7-7/8	4-1/2	4490.99			
		2-3/8	4177.81			
		D. ATT OHIANT M.	for an arrange of annual material and and all	and must be equal to or around ton ollows		
V.		JK ALLUWABLE (Test must be a)	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OIL WELL		Producing Method (Flow, pump, gas li	ift, etc.)		
	Date First New Oil Run To Tanks	Date of Test		• •		
	5-15-66	5-24-66 Tubing Pressure	Swabbing Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure		Choke Size		
	23 hrs.	0	110#			
	Actual Prod. During Test	Oil-Bbis.	110# Water-Bble.	Gas-MCF		
			44	Not measured		
	125 BF	81	-3.45	THO C MEASULEY		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Tearing Memor (henry pack his)		•			
		<u> </u>	THE CONSTRUCTION CONTROL ON			
I.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVATION COMMISSION			
I hereby certify that the rules and regulations of the Oil Conservation				. 19		
			APPROVED	, 19		
			II / .			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						
'				• /		
			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. D. Kloxin (Signature) All sections of this form must be filled out completely for allowable on new and recompleted wells. District Production & Drlg. (Title) May 31, 1966 (Date)

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.

Section Forms C-104 must be filed for each pool in multiply