NO. OF COPIES MEC	İ		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

	DISTRIBUTION  SANTA FE  FILE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 at REQUEST FOR ALLOWABLE HORRS OF SECTION IN THE SECTION OF SECTIO				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURALLEAS ME				
	TRANSPORTER OIL					
	GAS OPERATOR					
ı.	PRORATION OFFICE					
Operator Atlantic Richfield Company						
	Atlantic Richfield Company Address					
	P. O. Box 1978, Ros Reason(s) for filing (Check proper box)	well, New Mexico 88	0ther (Please explain)			
	New We!I	Change in Transporter of:				
	Recompletion	Oil Dry Gas	<b>F</b>			
	Change in Ownership	Casinghead Gas Condens	sate			
	If change of ownership give name and address of previous owner					
••						
11.	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease And Ves R-310 State, Feder	Lease No.		
	State BF	3 Chaveroo San	Andres Ext	d or Fee State OG-1195		
	Unit Letter C; 410	) Feet From The North Line	e and 3300 Feet From	The Last		
	omi better		_			
	Line of Section 3 Tov	vnship 8S Range 3	B3E , NMPM, CI	naves County		
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	<u>s</u>			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appropriate P. O. Box 3119, Michael P. D. Box 3			
	The Permian Corporation Name of Authorized Transporter of Case		Address (Give address to which appr	oved copy of this form is to be sent)		
			No.			
	If well produces a sil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  B 3 8S 33E	No. Vented tempor	rarily		
		th that from any other lease or pool,	L			
	COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion		X	114 240		
	Date Spuaded	Date Compl. Ready to Prod.	Total Depth	P.B.7		
	5-15-66 Elevations (DF, RKB, RT, GR, etc.)	5-29-66 Name of Producing Formation	Top Oil/Gas Pay	Tubing epth		
	4403 DF	San Andres	3495	42 0.40		
	Perforations		E4 /1 2/04 Tot Ch	Depth Casing Shoe		
	4239,45,51,93,98,43	309,19,21,27,33,44,& TUBING, CASING, AND	54 w/l-3/8" Jet Shot 4480			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	124"	8-5/8"	374.58	255		
	7-7/8"	4-1/2" 2-3/8"	4480 4210,40	250		
		2-3/0				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total volume of load of pth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	OIL WELL  Date First New Oil Run To Tanks  Date of Test  6-10-66  Swabbing		Producing Method (Flow, pump, gas	lift, etc.)		
			Swabbing Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure 15#	15#			
	5 hours Actual Proc. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF		
	55	54	11	34		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Inplud blessma (Sunc-In )				
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION			
			APPROVED	, 19		
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.		al Xames				
		BY				
			TITLE			
Klasterlas A. D. Kloxin			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			

1) Klockylas	A. D. Kloxin
(Signature)	
	-1 Comple

District Production (Title)

June 13, 1966 (Date) 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