

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
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

I.

Operator Atlantic Richfield Company	
Address P. O. Box 1978 - Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State BP	Well No. 6	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee State	Lease No. OG-1195
Location Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East Line of Section 3 Township 88 Range 33E , NMPM, Chaves 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"/> Magnolia Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900 - Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Vented temporarily pending sales outlet	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 3
	Twp. 8	Rge. 33
	Is gas actually connected? No	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-17-66	Date Compl. Ready to Prod. 7-31-66		Total Depth 4456		P.B.T.D. 4417			
Elevations (DE, RKB, RT, GR, etc.) 4397DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 4208		Tubing Depth 4217.75			
Perforations 4208, 4245, 4267, 4308, 4314, 4323, 4339, 4350 & 4356 w/one 3/8" jet shot		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 4455				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		369.47		250			
7 7/8"	4 1/2"		4555		300			
	2"		4217.75					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 7-31-66	Date of Test 8-3-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 16 hrs.	Tubing Pressure 90*	Casing Pressure 560*	Choke Size 25/64
Actual Prod. During Test 120	Oil - Bbls. 101	Water - Bbls. 9	Gas - MCF Not measured

GAS WELL

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

Original Signed

O. D. Bretches

(Signature)

O. D. Bretches

District Drilling Supervisor

(Title)

August 5, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 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 completed wells.