NO. OF COPIES RECE	E.G.S. ND OFFICE ANSPORTER GAS	
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
THANSPORTER	OIL	
INANSPORTER	GAS	
OPERATOR		
PROPATION OFFICE		Ĭ

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABUERS OFFICE D. C. Supersedes Old C-104 and C-110

L	FILE		AND				
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND PRITURIALS	224 MA:			
- 1	LAND OFFICE		2 1404 E.A41. 43				
ł	OIL						
- 1	TRANSPORTER	<del> </del>					
	GAS						
- {	OPERATOR			•			
	PRORATION OFFICE			•			
•	Operator ·						
Atlantic Richfield Company							
1	Address	5					
	P. O. Box 1978,	Roswell, New Mexico					
- 1	Reason(s) for filing (Check proper be	ox)	Other (Please explain)				
į	New Well	Change in Transporter of:					
i		Oil Dry Go		•			
	Recompletion		<b></b>				
	Change in Ownership	Casinghead Gas Conde	nsate				
	If change of ownership give name						
	and address of previous owner						
			A	1,00			
11.	DESCRIPTION OF WELL AND	LEASE	ormation Chareffor Kind of Lease	Lease No.			
j	Lease Name	1 (	70-3166				
	State "BF"	8 Chaveroo (San	Andres) State, Federa	l or Fee State OG-1195			
	Location						
		041-	. JOSO	Hogt			
	Unit Letter J; 19	80 Feet From The South Lir	ne and 1980 Feet From 1	rhe East			
				∤			
	Line of Section 3	ownship <b>8–5</b> Range 3	33-E , NMPM, Chave	8 County			
	Line of Section 3		<del></del>				
		nmon on our sain aramemar of	16				
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address to which approx	ued copy of this form is to be sent)			
	Name of Authorized Transporter of C	or Condensate	Address   Othe dadress to misch approx	_			
	Magnolia Pipe Line Con	pany	P. O. Box 900, Dallas,	Texas			
	Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)			
	Marile of Mariles and the second		Vented - Pending Connec	at i an			
		True IP-0	Is gas actually connected? Who	en en			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually commented	•			
i	give location of tanks.	B 3 8S 33E	No				
			with commingling order number:	,			
	If this production is commingled t	with that from any other lease or pool,	give comminging order number.				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Complet	(Y)	1				
	Designate Type of Complete	$1001 - (X) \qquad \qquad 1$	X	<u> </u>			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	11-8-66	11-22-66	4476 RKB	4438¹			
			Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.,		-	1050 45			
	4394 GL	San Andres	4240	4250.65 Depth Casing Shoe			
	Perforations		Two Jet Shot @4366	` · ·			
	One 3/8" Jet Shot 6/2	240,4251,4262,4273,4239,43	342 & 4356	4457.10			
	One 3/8 dec bilde 64	TURING CASING AN	D CEMENTING RECORD				
			DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE		250 Sx Incor			
	12+"	8 5/8"	371.71				
	12 <sup>1</sup> / <sub>7</sub> ,7/8 <sup>11</sup>	42"	4475.10	300 Sax			
	<u> </u>	2,3/8**	4250.651				
v	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 to						
OIL WELL							
OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				(1s, wsc./			
		11-27-66	Swabbing & flow				
	11-22-66	Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	I dibtild bissers		32/64*			
	12 hrs.			Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.				
	186	153 BO	33 BW	Not measured			
	100						
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Teet	Sola, Condensate/MMCF				
		1					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Tasting Manage (heart ages hea)	,	_				
	CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION			A TION COMMISSION			
VI				RITUN COMMISSION			
			5				
and the Oil Consequetion		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.				4 1 d			
			TITLE				
Original Signed		This form is to be filed in compliance with RULE 1104.					

(Signature) District Production & Drilling Superintendent (Title) November 28, 1966

(Date)

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 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 transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply 34 K. C.