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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE C.C.C.
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
Box 1978 - Roswell, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "BF"	Well No. 9	Pool Name, Including Formation Chaveroo-San Andres R-316	Kind of Lease State, Federal or Fee State	Lease No. OG 1195
Location Unit Letter P ; 990 Feet From The South Line and 660 Feet From The East Line of Section 3 Township 8S 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"/> Mobil 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)				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 3	Twp. 8S	Rge. 33E	Is gas actually connected? When No - Vented Temporarily

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 11-19-66	Date Compl. Ready to Prod. 11-30-66		Total Depth 4482		P.B.T.D. 4447			
Elevations (DF, RKB, RT, GR, etc.) 4392 DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 4220		Tubing Depth 4236.53			
Perforations 4220-4247-4253-4270-4323-4331-4343-4351 w/ 1 3/8" OD jet st.					Depth Casing Shoe 4482			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		376.92		250			
7 7/8"	4 1/2"		4482.0		300			
	2 3/8"		4236.53					

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 12-1-66	Date of Test 12-16-66	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hr.	Tubing Pressure 15#	Casing Pressure 15#	Choke Size None
Actual Prod. During Test 62 bbls.	Oil - Bbls. 52	Water - Bbls. 10	Gas - MCF Not measured

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

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.

Drilling Supervisor

(Title)

(Date)

1930
1931