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	<u></u>		CONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65		
	FILE		AND	Litective 1-1-03
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GA	S.
	LAND OFFICE			
	OIL			
	TRANSPORTER GAS			
	OPERATOR			
	PRORATION OFFICE		,	
I.	Sperator ARCO Oil and Ga	S Company -		· · · · · · · · · · · · · · · · · · ·
	Division of Atlantic Richfield Company			
	Address			
	1. 0. 201. 2.20, 110-02, 110-02			
	Reason(s) for filing (Check proper box	×)	Other (Flease explain)	- X
	New Well	Change in Transporter of:	Change in Operator	
	Recompletion	Oil Dry G	= effective: 4-1-7	9
	Change in Ownership	Casinghead Gas Conde	ensate	
	If change of ownership give name			
	and address of previous owner			
••	DECOMPOSION OF HELL AND	I E A CE		
11.	DESCRIPTION OF WELL AND	Well No.: Pool N	ame, Including Forma ion	Kind of Lease
	Lease Marie	F 17-		State, Federal or Fee
	L.C. Harris		to San Graces	700
	Location		11-	c +
	Unit Letter H; 1980 Feet From The North Line and 660 Feet From The Case			
				20
	Line of Section 22 , To	ownship 85 Range	30E, HMPM,	Chaves County
ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)
	~ 0.00	C ~~	Book goo Do On C	75221
	Name of Authorized Transporter of Co	asinghed Gas () or Dry	Address (Give address to which approve	d copy of this form is to be sent)
	1 +	200	R-1 220 T. O.	DDD 74122
	Celies Service	Ou Company	Is gas actually connected? When	J.Ca. 1910a
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		8-9-68
	give location of tanks.	P 15 8 30	yeu	8-7-68
	If this production is commingled w	ith that from any other lease or pool	, give commingling order number:	
IV.	COMPLETION DATA			
	D : T (C):	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
	Designate Type of Completi	$ion - (\lambda)$		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	No Change			
	Pocl	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	F001			
		<u> </u>		Depth Casing Shoe
	Perforations			Dopui. Gabing clies
		TUBING, CASING, AN	ID CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEP"H SET	SACKS CEMENT
	The state of the s	TOP AT LOWARY E. AT A SALE	Garage of land oil or	d must be equal to or exceed top allow
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of tota volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
	1	54.6 01 1451		-
	No Change		Costan Brooking	Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	CHORE OIZE
				- NOB
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF

GAS WELL Bbls. Condensate, MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Choke Size Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure CIL CONSERVATION COMMISSION

APPROVE

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the riles and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

bove is true and complete to the best of my knowledge and better.
bove is true and complete to the best of my knowledge and berief.
M. Constant
X) level (Val Diane)
Signature Military
District Prod. & Drlg. Supt.
(Title)
<i>3-7-79</i>
(Date)
(Date)

This form is to be filed in compliance with RULE 1104.

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If this is 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.

DISTRICT

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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

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