	1			
ł	NO. OF COMIES RECEIVED	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104
ĺ	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-10; and C-110 Effective 1-1-65
	FILE		AND ISPORT OIL AND NATURAL GA	2
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATORAL OA	5
	OIL			
	IRANSPORTER GAS			
	OPERATOR PRORATION OFFICE		• • • • • • •	
I.	Certator ARCO 011 and Gas Company -			
	Division of Atlantic Richfield Company			
	P. O. Box 1710, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Viell	Change in Transporter of:	Change in Operator	
1	Recompletion Change in Ownership	Oil Dry Gas Castrighead Gas Condens		
) 				
If change of ownership give name and address of previous owner				·····
The DEFENSION OF WELL AND LEASE				
11.	DESCRIPTION OF WELL AND I	Well No. Pool Nam	c, meruany remains	Kind of Lease
	WINKIER Federa	1 4 CAto	SAN ANDRES	State, Federal or Fee Federal
	Location			
Unit Letter <u>M</u> ; 990 Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>28</u> , Township <u>85</u> Range <u>30E</u> , NMPM, <u>Chaves</u>				
				CHAVES County
		TO OT AND NATURAL CAS	2	
И.	DESIGNATION OF TRANSPORT	Condensate	Address (Cive address to which approve	d copy of this form is to be sent)
	Mobil Pipeliste C Nome of Authorized Transporter of Cas		P.O. BOX 900 DAllifs, Address (Give address to which approve	Tx 75221
	1.			
		Oil COMPANY Unit Sec. Twp. P.ge.	P.D. Box 300 TuisA ( Is gas actually connected? When	<u>5R 14-102</u>
	If well produces oil or liquids, give location of tanks.	m 28 85 30E	Ves	8-17-68
	If this production is commingled wit	h that from any other lease or pool, a	give commingling order number:	
V. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v.				Plug Back   Same Res'v. Diff. Res'v.
: L	Designate Type of Completio	n - (X)	-	i
۲	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	No Change	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			•	
	Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· · · · · · · · · · · · · · · · · · ·	
				······································
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 exc able for this depth or be for full 24 hours)   Date First Liew Oil Run To Tanks Date of Test   Producing Method (Flow, pump, gas lift, etc.)				nd must be equal to or exceed top allow-
				;, elc.)
	No Change		·	····
:	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			]	[
	GAS WELL /	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
			OIL CONSERVA	TION COMMISSION
1. CERTIFICATE OF COMPLIANCE				
	I hereby certify that the rules and a	regulations of the Oil Conservation	APPROVED	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY_Jaliry Leftan	
			TITLE STATISTICS SOR DISTRICT	
	4 . 1 / . 1		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 allow- able 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.	
•	Durge V. Kicks			
	(Signature) District Prod. & Drlg. Supt.			
	(Title)			
	3-8 29			
	(Date)			

able 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.