I.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL IRANSPORTER OPERATOR PRORATION OFFICE Operator ARCO 011 and Cas Division of Atlantic Address P. O. Box 1710, Hobbs Recompletion Change in Ownership	REQUEST AUTHORIZATION TO TRA s Company Richfield Company , New Mexico 88241-1710	F	Form C-104 Supersedes Old C-104 und C-110 Effective 1-1-65 GAS					
	If change of ownership give name and address of previous owner								
11.	DESCRIPTION OF WELL AND	LEASE	ormation Kind of Leas	A					
	State BF	11 Chaveroo San		Lease no.					
	Location V 100		1000						
	Unit Letter;	30 Feet From The South Lin	ne and 1980 Feet From "	The West					
	Line of Section 3 Tov	waship 8S Range 3	ЗЕ , ммрм,	Chaves County					
* * *		TED OF ON AND MATURAL CA	NC						
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)					
	Mobil Pipeline Co.		P. O. Box 900, Dallas, Address (Give address to which appro						
	Name of Authorized Transporter of Cas	singhead Gas 🕅 🛛 or Dry Gas 🦳							
	Cities Service Oil Co. If well produces oil or liquids,	Unit Sec. Twp. Ege.	P. O. Box 300, Tulsa, Is gas actually connected?	en					
	give location of tanks.	B 3 8S 33E	Yes	7/17/81					
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:						
17.	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res								
		$\begin{array}{c c} \text{on} - (X) & X \\ \hline \\$	Total Depth	P.B.T.D.					
	Date Spudded 5/12/81	7/17/81	4500'	4435'					
	Elevations (DF, RKB, RT, GR, etc.) 4398.0' GR	Name of Producing Formation San Andres	Top Cil/Gas Pay 4240'	Tubing Depth 4394'					
		34, 47, 54, 61, 66, 72'	42.40	Depth Casing Shoe					
	4240, 51, 58,			4495'					
			D CEMENTING RECORD	SACKS CEMENT					
	HOLE SIZE	CASING & TUBING SIZE	31'	2 yds Redi-Mix					
	124"	8-5/8" OD	367'	315_sx					
	7-7/8"	5 ¹ 2" OD	4495'	1600 sx					
		$\frac{2-3/8" \text{ OD}}{2-3/8" \text{ OD}}$	<u>4394</u>	and must be equal to or exceed top allow-					
v.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)						
	Date First New Oil Run To Tanks 6/09/81	Date of Test 8/13/81	Producing Method (Flow, pump, gas lij Pump	(t, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	24 hrs			-					
	Actual Prod. During Test 14 bbls	Oil-Bbls. 2	Water-Bbls. 12	Gas-MCF 2					
		<u> </u>		<u>ا</u>					
	GAS WELL	T							
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA						
	I hereby certify that the rules and a	regulations of the Oil Conservation							
	Commission have been complied v	with and that the information given best of my knowledge and belief.	Oray Sign	ed by					
	the the complete to the		Dist. 1. Berry						
	Norrach Schmide	_	This form is to be filed in compliance with RULE 1104.						
		ature)	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.						
	Dist. Drlg. Supt.								
	(70	tle)							
	8/14/81 (De	1(c)	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.						
	ς -		Separate Forms C-104 must be filed for each pool in multiply						

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11	WCII Hanne er			•	-						
	Separate					filed	for	each	pool	in	mu
	completed wells.										

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