| LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Atlantic Richfield Address P. O Box 1978, ROS Reason(s) for filing (Check proper box) New Well Recompletion | REQUEST FO | ISERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GAS | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 |
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| DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Atlantic Richfield Address P. O Box 1978, ROS Reason(s) for filing (Check proper box) New Well Recompletion | REQUEST FO | OR ALLOWABLE | Supersedes Old C-104 and C-110 |
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| P. O Box 1978, ROS Reason(s) for filing (Check proper box) New Well Recompletion | well, New Mexico | | |
| Reason(s) for filing (Check proper box) New Well Recompletion | | 88201 Other (Please explain) | |
| Recompletion | | To indicate gas | connection and |
| | Change in Transporter of: Otto Dry Gas | | |
| | Oil Dry Gas Casinghead Gas Condense | transporter | |
| Change in Ownership | | | |
| If change of ownership give name and address of previous owner | | | |
| DESCRIPTION OF WELL AND LEA | SE Well No. Pool Name, Including For | Kind of Lease | Lease No. |
| Lease Name | aett No. 1. oot transfer | | Fee |
| Tucker | 1 Chaveroo San | Andres | |
| Location | Couth for | and 660Feet From The | West |
| Unit Letter; 1880 | _ Feet From The <u>South</u> Line | | |
| Line of Section 24 Townshi | in 7 S Range | 32E _{, NMPM} , Rooseve | LL County |
| Line of Section 24 Ibwnshi | | · · · · · · · · · · · · · · · · · · · | |
| DESIGNATION OF TRANSPORTER | OF OIL AND NATURAL GAS | S Address (Give address to which approved | copy of this form is to be sent) |
| Name of Authorized Transporter of On | | Address (Give address to which approved | |
| Magnolia Pipe Line | Company | Box 900, Dallas Texa Address (Give address to which approve | lS I copy of this form is to be sent) |
| Name of Authorized Transporter of Casingh | head Gas 🔀 or Dry Gas 🔄 | Cities Service Bldg. | Bartlesville, Ok |
| Cities Service Oil | Company | I te age actually connected? | |
| If well produces oil or liquids, | it Sec. wp. right | yes | L -2 -69 |
| give location of tanks. | | | |
| Designate Type of Completion - | - (X) Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res |
| Date Spudded Do | ate Compl. Ready to Prod. | Total Depth | |
| N N | ame of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Elevations (DF, RKB, RT, GR, etc.) N | | | Depth Casing Shoe |
| Perforations | | | - |
| | | D CEVENTING RECORD | |
| | | D CEMENTING RECORD | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | | |
| | | | |
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| | | | |
| | | | and must be equal to or exceed top a |
| A WEET DATA AND REQUEST FOR | NATIOWADIE (Test must be | after recovery of total volume of load oil i | |
| V. TESI DATA AND ADQUETTO | RALLOWABLE (Test must be able for this a | (Anth OF DE 107 1444 44 149444) | |
| OUT WELL | RALLOWABLE (Test must be able for this d Date of Test | after recovery of total volume of load off lepth or be for full 24 hours) Producing Method (Flow, pump, gas lij | |
| ANT WELL | able for this d | Producing Method (Flow, pump, gas lij | |
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