			· •				- '		
DISTRIBUTION			N	ONSERVATION COMMISSION			Form C-134		
SANTA FE				REQUEST FOR ALLOWABLE Supersedes Old C-10					
FILE			AND Effective 1-1-65						
u.s.g.s.			AUTHORI	ZATION TO TRA		OIL AND	NATURAL G	AS	
LAND OFFICE									
FRANSPORTER	OIL GAS				•				
OPERATOR				•					
PRORATION OFF									
			Gas Company -					·	
Address D1V1	sion	OF A	tlantic Richf	leid Company		· · · · · · · · · · · · · · · · · · ·	-		
P C) Box	- 1710	O, Hobbs, New	Marian 882/	0				
Reason(s) for filing	Check p	roper bo	z)	MEATCO 0024	<u> </u>	Other (Please	explain)		
New Well			Change in Tr	conque in Transporter of: Change in Operator Name					
Recompletion		Oil	Oil Dry Ga						
Change in Ownership			Casinghead G	conde	nsate				
If change of owners									
and address of prev	ious ow	ner	·····						
DESCRIPTION O	F WEL	L AND	LEASE		 				
Lease Name	الممه	1 "	W/N/	Well No. Pool No.		ng Formanion		Kind of Lease State, Federal or Fee 712	
Location		<u> </u>	770	- Jan	W HU	iv iem	n/	710	
Unit Letter	<u>-</u>	<u>. 9</u>	90 Feet From T	he West Lin	e and	1980	Feet From T	he South	
Line of Section	26	, Тс	ownship /65	Range	35 E	, NMPM	•	gea County	
BECICO ASSOCIA	·				_				
DESIGNATION OF Name of Authorized						Give address i	o which approve	ed copy of this form is to be sent)	
Jana De	IW	1046	20:11:		V/	Kal I		de copy of this form is to be sent)	
Name of Authorized	Franspo	ter of Co	asinghead Gas W	or Dry Gas	Address	Give biddress	o which approve	ed copy of this form is to be sent)	
Warne	4	- 10	COLOR	rotion	Do	Box 15	sa 7,	las Obla	
If well produces oil o	or Howlds		Unit Sec.	Twp. Rge.	Is gas ac	tually connecte	rd? When	in war.	
give location of tank			L 26	16 35	uas	•	į	6-30-61	
If this production is	commir	igled w					number:		
COMPLETION DA									
Designate Typ	e of Co	mpleti	on – (X)	eii Gas Weli	New Well	Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded			Date Compl. Read	y to Prod.	Total De	oth		P.B.T.D.	
No Change			 						
Paol			Name of Producing	Formation	Top 011/0	Gas Pay		Tubing Depth	
Perforations			<u> </u>				•	Depth Casing Shoe	
		·	TUR	ING, CASING, AND	CEMENT	ING DECOR			
HOLE	SIZE			TUBING SIZE	<u> </u>	DEPTH SE		SACKS CEMENT	
					 			SAGING GENERAL	
				······································					
TEST DATA AND OIL WELL	REQU	EST F	OR ALLOWABLE	E (Test must be a able for this de	fter recover pth or be fo	y of total volu or full 24 hours	me of load oil ar)	nd must be equal to or exceed top allow-	
Date First New Oil F	lun To T	anks	Date of Test	,	Producing	Method (Flow	, pump, gas lift,	etc.)	
No Change									
Length of Test			Tubing Pressure		Casing P	essure		Choke Size	
Actual Prod. During	Test		Oil-Bbls.		Water - Bb	· · · · · · · · · · · · · · · · · · ·		Can NCE	
ACCUME FIRST, During	. 581		OII-BUIS.		water- 55			Gas - MCF	
		··			1				
GAS WELL									
Actual Prod. Test-M	CF/D		Length of Test		Bbis. Cor	densate/MMCF	7	Gravity of Condensate	
Testing Method (pito	t, back p	r.)	Tubing Pressure		Casing P	essure		Choke Size	

VI. CERTIFICATE OF COMPLIANCE

H.

III.

I¥.

errons of the Oil Conservation I hereby certify that the rules and

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. MAR 1 4 1979

(Date)

& Drlg Supt

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

Orig. Signed by

Jerry Sexton

Dist 1, Supv.

OIL CONSERVATION COMMISSION APR 11 1979

APPROVED

TITLE .

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.

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

RECEIVED

MAR 1 4 1979

DIL CONSERVATION COMM.

HOBBS, M. M.