40. 01 61 1.80 486	61.55		
DISTRIBUTION		-	i
SANTA FE			
FILE			
U.S.G.S.			ĺ
LAND OFFICE		Ī	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		1	

II.

III.

IV.

v.

DISTRIBUTION SANTA FE FILE	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	AND ON TO TRANSPORT OIL AND NATURAL GAS		
TRANSPORTER GAS				
OPERATOR	-			
Operation Office Operator ARCO Oil and Gas	s Company -	,		
	antic Richfield Company			
P. O. Box 1710, Reason(s) for filing (Check proper box	Hobbs, New Mexico 88240	Other (Please explain)		
New Well	/ Change in Transporter of:	Change in Operator Name		
Recompletion	Oil Dry Gas			
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE LIVEL NO. Dool Moo	ne, Including Formation	Kind of Lease	
Lease Name Ramco State	Well No. Pool Ada	e Bas Benn	State, Federal or Fee	
Location Unit Letter I ; 198	1.0	e and 660 Feet From	The East	
Line of Section 35 , To	waship 165 Range	35E , NMPM, I	County	
Line of Section 35 , Tou	wnship /65 Range	SSE , MINIFINI, DE	County	
DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	ned copy of this form is to be sent	
Texa when Makes	Panolema Co.	Bol 1510 Milland	Texas 79701	
Name of Authorized Transporter of Car	singhedd Gas or Dry Gas	Address (Give addless to which appro-	ved copy of this form is to be sent)	
NONE	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en,	
If well produces oil or liquids, give location of tanks.	I 35 16 35			
	th that from any other lease or pool,	give commingling order number:		
Designate Type of Completion	Cil Well Gas Well	New Weil Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
No Change		·		
Pool	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth		
Perforations			Depth Casing Shoe	
		0505050505		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST FOIL WELL		fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
No Change	Tubing Pressure	Casing Pressure	Choke Size	
Length of Fest	Tubing Pressure	,		
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
	<u> </u>			
GAS WELL	1	Dill Condensate Angel	Complement Complement	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
	•	7 19 90 70 90 70	79-//	
Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	19	
above is true and complete to the	e best of my knowledge and belief.	SURPRINCE	12 Marie 11 Marie	
- · · · · · · · · · · · · · · · · · · ·	\bigcap a	TITLE DONALLY INC.	OR DISTRICT &	
Ama VK	J. J.	1!	compliance with RULE 1104.	

VI.

Devas V. Rocks			
(Signature)			
District Prod. & Drlg. Supt.			
(Title)			

3-12-79

(Date)

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 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 completed wells.

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