| NO. OF COPIES RECEIVED | | | |
|--|---|--|--|
| DISTRIBUTION | W MEXICO OU | | |
| SANTA FE | | CONSERVATION COMMISSIC | Form C-104 Supersedes Old C-104 and C-1 |
| FILE | | AND | Effective 1-1-65 |
| U.S.G.S. | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL GAS | |
| | | | |
| TRANSPORTER GAS | | · · | |
| OPERATOR | | | |
| PRORATION OFFICE | · · · · · · · · · · · · · · · · · · · | | |
| Operator | ATLANTIC-RICHFIELD COM | | |
| Address | | | |
| | Box 1978, Roswell, New | Mexico 88201 | |
| Reason(s) for filing (Check prope | | Other (Please explain) | + * > > > = = = = = = = = = = = = = = = = |
| New Well | Change in Transporter of: | Change in gas Effective May | |
| Change in Ownership | Casinghead Gas X Condu | ensate | 1, 1970 |
| | | | · |
| If change of ownership give na and address of previous owner | | | • |
| ····· | | | · · · · · · · · · · · · · · · · · · · |
| Lease Name | | | |
| B. C. Dickin | | | d of Lease |
| Location | | | xxxxxx ^{Fee} Fee |
| C Unit Letter : | 660 North | Ine and Feet From The | West |
| | | retrom the | ************************************** |
| Line of Section 35 | Township 14 Range | 37 , ммрм, Lea | County |
| DESIGN ATION OF TRANSP | | | |
| Name of Authorized Transporter of | ORTER OF OIL AND NATURAL G. | AS Address (Give address to which approved co | py of this form is to be sent! |
| Shell Pipe L | ine Company | Box 1910, Midlar | |
| Name of Author!zed Transporter o | f Casinghead Gas 🔨 or Dry Gas 🦳 | Address (Give address to which approved co | py of this form is to be sent) |
| Tipperary Re: | | | is, Midland, Texas |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? When | |
| | | | 2-6-54 |
| If this production is commingle COMPLETION DATA | d with that from any other lease or pool, | give commingling order number: | |
| Designate Type of Comp | Oil Well Gas Well | New Well Workover Deepen Plug | Back Same Res'v. Diff, Res'v. |
| • | | | ····· |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth P.B. | .T.D. |
| Elevations (DF, RKB, RT, GR, et | c. i Name of Producing Formation | Top Oil/Gas Pay Tubi | ing Depth |
| | | | |
| Perforations | | Dept | th Casing Shoe |
| · · · · · · · · · · · · · · · · · · · | | | · |
| HOLE SIZE | CASING & TUBING SIZE | D CEMENTING RECORD | |
| | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| L | | · · · · | |
| • TEST DATA AND REQUEST | | after recovery of total volume of load oil and mu | st be equal to or exceed top allow |
| OIL WELL Date First New Oil Run To Tanks | | epth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc., | · · |
| | | | * |
| Length of Test | Tubing Pressure | Casing Pressure Chok | ke Size |
| | | | |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. Gas- | - MCF |
| | L. | l | |
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF Grav. | ity of Condensate |
| | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure Chok | e Size |
| | 1 | <u></u> | · · · · · · · · · · · · · · · · · · · |
| . CERTIFICATE OF COMPLI | ANCE | OIL CONSERNATION | 1970 ISSION |
| Thereby certify that the sules a | nd regulations of the Oil Concernation | AF . OVED | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | Li Colon | 101 |
| Above is true and complete to | the best of my knowledge and belief. | SY- BUSING | |
| | | TITLE | // |
| | I have the | | |
| - trid | Duffith | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | |
| (Signaure) | | well, this form must be accompanied by a tabulation of the deviation | |
| Kapark Tolert | | tests taken on the well in accordance with RULE 111. | |
| (Title) 70 | | All sections of this form must be filled out completely for allow- able on new and recompleted wells. | |
| 6-1-10 | | 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. | |
| • | (Date) | weit name of number, of transporter, or o | a the state of condition. |

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able on new and recompleted wells. 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.

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JUNE 1970 OIL CONSERVATION COMM. LIDEBS, H. LL.