	NO. OF COPIES RECEIVED	1		
	DISTRIBUTION SANTA FE	i	CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
ſ.	LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE			
	Address ARCO Oil and Gas Company - Division of Atlantic Richfield Company			
	P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain)			
	Change in Transporter of: Change in Operator Name			
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND		ame, Including Formation	Kind of Lease
	Location Cope	30 Feet From The West LI	ton Devonian the and 1815 Feet F	State, Federal or Fee Fee
	Unit Letter 2; 350 Feet From The West Line and 1815 Feet From The South Line of Section 36, Township 145 Range 37E, NMPM, Lea County			
II.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS	
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)			
•	If well produces oil biliquids, give location of tanks.	Unit Sec. Twp. Rge. M 36 14 37	Is gas actually connected?	When Unknown
	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Cil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty.			
	Designate Type of Complet	ion – (X)		
	No Change Pool	Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
	Perforations	read of Frontiering Formation	100 027, 045 147	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	GAS WELL			
	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
VI.	CERTIFICATE OF COMPLIA	NCE	OIL CONSER	RVATION COMMISSION

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

APPROVED

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

& Drlg. Supt.

(Title)

(Date)

District Prod.

3-10-79

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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MAR 1 4 1979

CIL CONVERNATION COMM.