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J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name State "T"	Well No. 1	B9774
Pool Name, Including Formation Denton Wolfcamp		
Kind of Lease State, Federal or Fee		State
Location		
Unit Letter N	660	Feet From The South Line and 1980 Feet From The West
Line of Section 2	Township 15S	Range 37E
	NMPM,	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Box 1910, Midland, Texas 79701	
Shell Pipe Line Company			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Tipperary Resource Corporation		500 West Illinois, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 2	Twp. 15
		Rge. 37	Is gas actually connected? When Yes 5/1/74

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X					X		X
Date <del>Started</del> Commenced	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Operations 4/1/74	5/1/74	12,730'		9180'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3810' DF	Wolfcamp	9057'		8982'					
Perforations				Depth Casing Shoe					
9057, 59, 62, 65, 68, 75, 80, 84, 87 & 9092'				12,729.28'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
No change in casing									
	2-3/8" OD	8982'							

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(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.)	
4/16/74	5/1/74	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	2000#	Pkr	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
185 bbls	45	140	23

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)		Choke Size	

VI. CERTIFICATE OF COMPLIANCE

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.

H. J. [Signature]  
(Signature)  
Dist. Drlg. Supv.  
(Title)  
5/20/74  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY [Signature]

TITLE \_\_\_\_\_

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

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 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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U.S. DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY