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LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		

YEW MEXICO OIL CONSERVATION COMMISS

Form C-104 Supersedes Old C-104 and C-110

SANTA FE	_ REQUEST F	OR ALLOWABLE	Effective 1-1-65
FILE	AUTHODIZATION TO TOAL	AND NSPORT OIL AND NATURAL G	Δς
U.S.G.S.	- AUTHORIZATION TO TRAN	ASPORT OIL AND NATURAL G	A3
LAND OFFICE	1		
TRANSPORTER GAS			
OPERATOR	_		
I. PRORATION OFFICE			
Atlantic Richfield Cor	npany		
P. O. Box 1710, Hobbs	, New Mexico 88240		
Reason(s) for filing (Check proper bo.	x)	Other (Please explain) This well was P&A	in Denton W C
New We!l	Change in Transporter of: Oil Dry Gas		
Recompletion Change in Ownership	Casinghead Gas Condens		lowable for month of
			October, 1974.
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
State T	7 Denton Devonia	an State, Federa	lor Fee State B-9774
Location		0010	107 A
Unit Letter N	990 Feet From The South Line	e and 2310 Feet From	The West
2	ownship 15S Range 3	37E , NMPM, Le	ea County
Line of Section 2 T	ownship 135 Hange	,	
HI. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	and conv of this form is to be sent!
Name of Authorized Transporter of C	or Condensate	Address (Othe address to the first	
Shell Pipeline Corpor	ation Casinghead Gas v or Dry Gas	P.O. Box 1008, Hobbs, M. Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of C Tipperary Oil & Gas C		500 W. Illinois, Midlar	
	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	
If well produces oil or liquids, give location of tanks.	M 2 15S 37E	Yes	09/07/74
If this production is commingled v	with that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
Designate Type of Complete			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top On/Gas Pay	1
Perforations			Depth Casing Shoe
Periorations			
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CLIME!
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil epth or be for full 24 hours)	l and must be equal to or exceed top ollow
OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Gas-MCF
Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gus-Mo.
GAO WELL			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Blue-12)	Gillozo Siles
		OIL CONSERV	ATION COMMISSION
VI. CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ZATION COMMISSION DCT 24 1974
ة مماني بياد وياد ويران . - مماني بياد وياد ويران .	and regulations of the Oil Conservation	APPROVED	Orlg. Signed by
I hereby certify that the fules a Commission have been complied	ed with and that the information given	BY	
above is true and complete to	the best of my knowledge and belief.		Dist. I, Supv.
		TITLE	
0 28.	101.1		n compliance with RULE 1104.
If this is a request for allowable for well, this form must be accompanied by (Signgture) (Signgture) (Signgture) (Signgture)			
,	$\boldsymbol{\nu}$	I A - A A A A A B A A A B A A B A B A B A	nust be filled out completely for allo
Acco	untant I (Tüle)	Il obie on new and recompleted	MG1191
Octobe	r 23, 1974	11	II. III, and VI for changes of each orten or other such change of condition
	(Date)	'! well name or number, or transp	ust be filed for each pool in multip

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Mind Committee C