		<u> </u>			
NO. OF COPIES RECEIVED					
DISTRIBUTE		<u> </u>			
SANTA FE					
FILE					
U.S.G.\$.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					
Operator ARCO Oil and Gas					
Division of Atla					
Address					
1	Box		•		
Reason(s) for filing	Check p	roper	box)		
New Well					
Recompletion					

District Prod. & Drlg. Supt.

(Title)

(Date)

	SANTA FE	l .	CONSERVATION COMMISSION	Form C-104		
	FILE	- REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	ALITHODIZATION TO TO	AND			
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	I DANISTO OIL	7		· •		
	TRANSPORTER GAS					
	OPERATOR	1				
I.	PRORATION OFFICE					
Operator ARCO Oil and Gas Company -						
		antic Richfield Company				
	Address		_			
		Hobbs, New Mexico 8824				
	Reason(s) for filing (Check proper box		Other (Please explain)			
•	New Well	Change in Transporter of:	Change in Operat			
Recompletion Oil Dry Gas effective: 4-1-79						
Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name					
	and address of previous owner					
TT	DESCRIPTION OF WELL AND	I FACE				
11.	Lease Name		ime, Including Formation	Kind of Lease		
	dea 946 State	- 1 Bu	chemi ala	State, Federal or Fee		
	Location		Skeige our	Succe		
	Unit Letter E : 198	80 Feet From The North Lin	ne and 660 Feet From	Wast		
	Omit Cotton		reet rom	The		
	Line of Section 2. Tov	waship 185 Range 3	35E , NMPM,	dia County		
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
	Jelas New Mexico	co Tipeline Co.	4.0. Box 1510. Miss	land Jerlas		
	Name of Authorized Transporter of Cas	singhead Cas or Dry Gas	Address (Give address to which appro	yed copy of this form is to be sent)		
	Thelips Petroleus	n company	400/ Yenwood	adessa Jerus		
	If well produces oil or liquids,	Unit S.c. Typ. Rge.	Is gas actually connected? Wh			
	give location of tanks.	E 2 /8:35	yes	2-22-66		
		th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well				
	Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	·	Tree! Death			
	No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	. 33.	read of Producing Connection	Top Oil, Gda Fdy	Tubing Deptin		
	Perforations		<u></u>	Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
OIL WELL able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
	No Change	<u> </u>				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Cti-Bbls.	Water - Bbls.	0		
	Actual Prod. During Test	Oil-Bbis.	wdter - Bbls.	Gas-MCF		
	<u> </u>	1	<u> </u>	<u> </u>		
	CACWELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			Doise Congribate, Marci	Gravity of Condensate		
	· Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
	(2.000)					
W.	CERTIFICATE OF COURT IN	OF.		TION COMPANY		
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
		APPROVEDAPR 17/1979				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		, 19			
	above is true and complete to the		BY SING	eston		
	· -	-	SUPERVISOR DISTRICT			
		7.1	TITLE SUPERVISOR	V		
•			This form is to be filed in compliance with RULE 1104.			
	X leve V. K.	ek-s	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			
	/ (Signa	iture)				

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

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MAR 1 4 1979
CIL COMPRESSION COMPA
RUCCE, FL. CL