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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURA		
	LAND OFFICE	AUTHORIZATION TO TRA	1131 OKT OIL AND NATUKA	AL GAS	
	TRANSPORTER OIL				
	OPERATOR GAS				
ı.	PRORATION OFFICE				
••	Operator				
			NAME CHANGE		
	Address 1200 Vaughn Building, Midland, Texas 79701		ATLANTIC P. L. CO.		
	Reason(s) for filing (Check proper box) Other (Please explain				
	New Well Change in Transporter of:		ARCO P.L. CO.		
	Recompletion	Oil Dry Gas	s 🔲	EFF. 1-1-71	
	Change in Ownership $old X$	Casinghead Gas Conden	sate		
	f change of ownership give name				
	and address of previous owner R1	nd address of previous owner Richard L. Westlake, 6th Floor Vaughn Bldg, Midland, Texas			
II.	DESCRIPTION OF WELL AND LEASE				
	Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
	H. D. McKinley 10 Lea CoUndesignated State, Federal or Fee Fee				
	Unit Letter F ; 2557. Feet From The W Line and 2392.5 Feet From The N				
		40.0			
	Line of Section Tow	vnship 18-S Range	38-E , NMPM, Le	a County	
	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Atlantic Pipeline (P. O. Box 1190.	Midland Texas 79701 upproved copy of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which appro		approved copy of this form is to be sent)		
	None				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. C 30 18-S 38-E	Is gas actually connected? None	When	
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA				
	Designate Type of Completion	$\operatorname{On} = (X)$ Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Resty. Diff. Resty.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6-30-67	7-1-67	37 •		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	_	Ogallala	24.51	32.9 Depth Casing Shoe	
	Perforations Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	6-3/4"	5-1/2"	10 %	1 yd.	
		1			
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 allow				
	OII. 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 lift, etc.)				
	7-12-67	7-12-67	Pump	(33 1),, (101)	
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs.	0	0	None	
	Actual Prod. During Test	011-Bble. 12	Water-Bbls.	Gas-MCF None	
	<u> </u>			none	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	resting Method (phot) vacio priy	. ability : ioobalo (Bhate 21)	,		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
-	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.		ii .		
			APPROVED, 19		
			BY		
	ROTARY OIL AND GAS COMPANY		TITLE		
	γ · · · · · · · · · · · · · · · · · · ·				
	By: Fickard L. Westlak		If this is a request for allowable for a newly drilled or deepened		
		ature)	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 or allow-		
	January 14, 1970 (Title)		able on new and recompleted wells.		

(Date)

Fill out only Sections I, II. III, and VI for change of owner, well name or number, or transporter, or other such change condition.

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