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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 Rotary Oil and Gas Company		NAME CHANGE ATLANTIC P.L. CO. TO ARCO P.L. CO. EFF. 1-1-71
Address 1200 Vaughn Bldg., Midland, Texas 79701		
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner Richard L. Westlake, 6th Floor, Vaughn Bldg. Midland, Texas

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name H. D. McKinley		7	Lea Co. Undesignated	State, Federal or Fee fee	
Location Unit Letter <u>F</u> ; <u>2590</u> Feet From The <u>N</u> Line and <u>2590</u> Feet From The <u>W</u> Line of Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Atlantic Pipeline Co.				P. O. Box 1190, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		None		Address (Give address to which approved copy of this form is to be sent)	
				None	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 30	Twp. 18	Rge. 38	Is gas actually connected? No

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							
Date Spudded 12-16-65	Date Compl. Ready to Prod. 12-18-65	Total Depth 37'		P.B.T.D. -					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Ogallala	Top Oil/Gas Pay 28'		Tubing Depth 30'					
Perforations OH 19-37'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
8"	7"	19'		1-1/2 yd.					
	2-3/8"	30'							

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 12-19-65	Date of Test 12-19-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 10.68	Oil-Bbls. 5.34	Water-Bbls. 5.34	Gas-MCF Nil

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pilot, 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.

ROTARY OIL AND GAS COMPANY

By: Richard L. Westlake
(Signature)

Managing Partner
(Title)

January 14, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 in owner, well name or number, or transporter, or other such change of condition.

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