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U.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

I. Operator
Rotary Oil and Gas Company
Address 1200 Vaughn Bldg., Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
NAME CHANGE
ATLANTIC P.L. CO.
TO
ARCO P.L. CO.
EFF. 1-1-71

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
Lease Name H. D. McKinley Well No. 8 Pool Name, Including Formation Undesignated-Lea Co. Kind of Lease State, Federal or Fee Fee Lease No.
Location
Unit Letter F 2145 Feet From The N Line and 100 Feet From The E
Line of Section 30 Township 18-S Range 38-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Atlantic Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1190, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 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 - (X) X Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 2-12-66 Date Compl. Ready to Prod. 2-19-66 Total Depth 34' P.B.T.D. -
Elevations (DF, RKB, RT, GR, etc.) - Name of Producing Formation Ogallala Top Oil/Gas Pay 25 Tubing Depth 30
Perforations OH 20-34' Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE 8" CASING & TUBING SIZE 6-5/8" DEPTH SET 20 SACKS CEMENT 2 yds.

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 2-20-67 Date of Test 2-20-67 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs. Tubing Pressure 0 Casing Pressure 0 Choke Size None
Actual Prod. During Test 41.76 Oil-Bbls. 4.17 Water-Bbls. 37.59 Gas-MCF Nil

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
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.
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 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.