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	DISTRIBUTION	JEW MEXICO OIL	CONSERVATION COMMISSI	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11
	FILE		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORCE OIL AND NATURAL	L GAS
	LAND OFFICE	_	05 4776	
	TRANSPORTER GAS GAS	_	Ψ,μ	•
	OPERATOR			
1.	PRORATION OFFICE			
	Amerada Hess Corpor	ation		NAME CHANGE ATLANTIC P. L. CO.
	P. O. Box 1920 - Ho	this New Mexico		TO
	Reason(s) for filing (Check proper box		Other (Please explain)	ARCO P.L. CO.
	New Well	Change in Transporter of:		EFF. 1 - 1 - 71
	Recompletion	Oil Dry G	as []	
	Change in Ownership	∕Casinghead Gas Conde	ensate	
				at l
	if change of ownership give name and address of previous owner	Min Ula	12 24 1 6 10	M
IJ.	DESCRIPTION OF WELL AND	LEASE JUNDESIGN	MATED Habbs-Drinke	rd R-3811
-•	Lease Name	Well No. Pool Name, Including I	Formation Kind of L.	Lease No.
	State "A"	5 Hobbs Drini	card // State, Fed	eral or Fee State A-1469
	Location			
	Unit Letter / A ; 66	Feet From The North Li	ne and 660 Feet Fix	om The East
	Line of Section 32 To	wnship 18-S Range 3	38-E , NMPM, LE	County
	Line of Section 32 To	wnship 18-S Range	38-E , NMPM, LE	C ounty
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS Address (Give address to which ap	proved copy of this form is to be sent)
II.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Atlantic Pipe Line	TER OF OIL AND NATURAL GA	AS Address (Give address to which ap P. D. Box 1190 - Mid1	proved copy of this form is to be sent)
u.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Atlantic Pipe Line Name of Authorized Transporter of Ca	TER OF OIL AND NATURAL GA	AS Address (Give address to which ap P. D. Box 1190 - Hidi Address (Give address to which ap	proved copy of this form is to be sent)
IJ.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Atlantic Pipe Line	TER OF OIL AND NATURAL G. Company singhead Gas or Dry Gas	AS Address (Give address to which ap P. D. Box 1190 - Midi Address (Give address to which ap Odessa, Texas	proved copy of this form is to be sent) and, Texas proved copy of this form is to be sent)
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Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing 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.

(Signature) District Clerk (Title)

August 8, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

SUPERVISOR DISTRICE 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.