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EW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Atlantic Richfield Company P. O. Box 1710, Hobbs, NM 88240 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Included in State Vacuum Unit effective New Well Dry Gas 11/1/76. Change in Lease name from: Recompletion State "C" TG #7. Condensate Change in Ownership Casinahead Gas If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE.
| Well No. | Pool Name, Including Formation Kind of Lease Lease Nc. State, Federal or Fee State Vacuum Unit Vacuum Grayburg S.A. STATE B-1448 Location 990 330-Feet From The South Line and Unit Letter 32 17S Range 34E , NMPM County Township Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil X or Condensate P. O. Box 1510, Midland, TX Address (Give address to which approved cop Texas New Mexico Pipeline Company X 7970] opy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas XX Phillips Petroleum Company Phillips Bldg.,4th & Washington, Odessa, TX Unit P.ge. Is gas actually connected? Sec. Twp. 79760 If well produces oil or liquids, give location of tanks. Yes <u>March</u> J 32 17S | 34E If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Res'v. Diff. Res'v Deepen Plug Back Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 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. ŧ TITLE .

10 0	Shackelford (Signature)
W.a.	Drunella VIII
Accountant	T (Signature)

(Title)

10/28/76

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended 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.

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