		_ .								
	NO. OF COMES RECEIVED									
	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104						
	FILE	- REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65						
	U.S.G.S.		AND							
	LAND OFFICE	_ AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (JAS						
	TRANSPORTER OIL	-								
	GAS GAS	—								
	OPERATOR									
1.	PRORATION OFFICE									
	Operator ARCO Oil and Gas Company -									
	Division of Atlantic Richfield Company									
	Address D. O. Dere 1710. White W. H. C. 20040									
	P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box)									
	New Well Change in Transporter of: Change in Operator Name									
	Recompletion Oil Dry Gas effective: 4-1-79 Change in Ownership Casinghead Gas Condensate									
	If change of ownership give name									
	and address of previous owner									
П.	DESCRIPTION OF WELL AND	LEASE								
	Lease Name O :1		me, Including Formation	Kind of Lease						
	Mescalero Kidge	Unit 35 3 Per	arl Rusen	State, Federal or Fee						
	Location	2. 11		· internet						
	Unit Letter H ; 192	80_ Feet From The North Lir	he and 660 Feet From 7	the East						
	7 '									
	Line of Section 35 , Tov	wnship 193 Range	<u>34E, NMPM, </u>	Sea County						
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA								
	Religion Authorized Fransporter of Ca	7 X or Condensate	Address (Give address to which a prov	ed copy of this form is to be sent)						
	Name of Authorized Transporter of Cas	singhead Gas a or Dry Gas	1.0. Dor 139, (int	esia, n.m.						
	I fill in Vatal	or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)						
	1 Millips Indien	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	adessa Jer.						
	If well produces oil or liquids, give location of tanks.	I 35 195 34F		Jack Kerry						
				mangula						
IV.	COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	······································						
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completio	$\operatorname{on} - (X)$								
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	No Change									
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
	Perforations			Depth Casing Shoe						
		TUBING, CASING, AND	CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
		I								
v			l							
۰.	TEST DATA AND REQUEST FO	JR ALLOWABLE (Test must be af able for this dep	fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow-						
ĺ	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gc.: lift, etc.)							
	No Change		,							
j	Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF						
			· · · · · · · · · · · · · · · · · · ·							
	GAS WELL									
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size						
l										
VI.	CERTIFICATE OF COMPLIANC	CE III	OIL CONSER'JAT	TION COMMISSION						
			APRIL 1							
	I hereby certify that the rules and re	egulations of the Oil Conservation	APPROVED AFR 101	9/9						
	Commission have been complied wi above is true and complete to the	ith and that the information given best of my knowledge and belief	BY Derrif	of m.						
		in the standard and belief.	A martine and							
	i	7	TITLE SUPERVISOR DISTRICT							
	11 .11		This form is to be filed in compliance with put a state							
	Xerrel Ku	ales	This form is to be filed in compliance with RULE 1104. If this is a request for all owable for a newly drilled or deepened							
-	(Signat	ture)	well, this form must be accompanied by a tabulation of the deviation							
	District Prod. & Drlg.	Supt.	tests taken on the well in accordance with RULE 111.							
-	(Titl		All sections of this form nust be filled out completely for allow- able on new and recompleted wells.							
-	3-12-79		able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner,							
-	(Dat	e)		, or other such change of condition.						
	•			be filed for each pool in multiply						
<u>``</u>			completed wells.							

								-		
Separate	Forms	C-104	must	be	filed	for	each	looq	in multip	l y
ompleted wells.								-		

REALWED

MAR 1 4 1079 Call Cold Barris Cold States