	NO. OF CAPIES RECEIVED			
	DISTRIBUTION			
	SANTA FE			
	FILE			
	U.S.G.S.			
1.	LAND OFFICE			
	IRANSPORTER	OIL		
		GAS		
	OPERATOR			
	PRORATION OFFICE			

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The second secon	_					
NO. OF CAPIES RECEIVED	<u>-</u>					
DISTRIBUTION			Form C-104			
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-17 Effective 1-1-65			
U.S.G.S.		AND				
LAND OFFICE	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS			
TRANSPORTER OIL GAS						
OPERATOR						
PRORATION OFFICE		·				
Cperator ARCO 011 and Ga	- •		-			
DIVISION OF AU.	lantic Richfield Company					
	, Hobbs, New Mexico 8824	0				
Reason(s) for filing (Check proper bo						
New Well	Change in Transporter of:	Change in Operator Name				
Recompletion	Oil Dry Ga					
Change in Ownership	Casinghead Gas Conder	Condensate				
If change of ownership give name						
and address of previous owner						
DESCRIPTION OF WELL AND	LEASE					
Lease Name D. 1	Well No. Pool Na	me, Including Formation	Kind of Lease			
11 escalero Kidge	mit 35 7 Year	rl queen	State, Federal or Fee Fraction			
Location	20 not	1600	\mathcal{C}			
Unit Letter;;	560 Feet From The North Lin		The COS			
Line of Section 35	ownship 195 Range 3	YF, NMPM,	Lea County			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	· · · · · · · · · · · · · · · · · · ·				
Vidaa Viaisporter of	or Condensate	Address (Give address to which appro-	in the sent of this form is to be sent)			
Nidge of Authorized Transporter of C	asinghered Cas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)			
Phillips totrolow	me Ca.	4001 Penlypake	Oderna Lev.			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en en			
give location of tanks.	1 35 198 34E	Les !	12-1-64			
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:				
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Complet						
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			
			Bepin casing shoc			
	TUBING, CASING, AND	CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
·						
TEST DATA AND REQUEST F	COR ALLOWARIES (Taxable)	for recovery of total values of land of	and must be appelled as a second of the			
OIL WELL		pth or be for full 24 hours)	and must be equal to or exceed top allow-			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	ft, etc.)			
No Change	Tubia- Bases	Carina Baran				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	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			
Section 18 many and Bush						
CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	TION COMMISSION			
		OIL CONSERVATION COMMISSION				
	regulations of the Oil Conservation	APPROVED, 19				
	with and that the information given e best of my knowledge and belief.	BY Serry Jeston				
			/			
*	Ω_{Λ}	TITE SUPERVISOR	DISTRICT A			
Derge V.K		This form is to be filed in compliance with RULE 1104.				
	nature)	If this is a request for allow well, this form must be accompa-	vable for a newly drilled or deepened nied by a tabulation of the deviation			
(Sign		tests taken on the well in accor	dance with BIH F 111.			

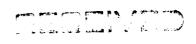
District Prod. & Drlg. Supt.

(Date)

 $\,$ All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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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1920 1 4 1979 CEL CON THE LOOK NOTE NO.