DISTRIBUTIO	NC	 _
SANTA FE	_	
FILE	_	
U.S.G.S.		_
LAND OFFICE		
[ RANSPORTER	OIL	_
	GAS	
OPERATOR		
PRORATION OFFICE		

	DISTRIBUTION SANTA FE		NSERVATION COMMISSIC	Form C-104 Supersedes Old C-104 and C-110		
	FILE	KEQUESI I	AND	Effective 1-1-65		
ŀ	U.S.G.S.					
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER GAS					
	OPERATOR PRORATION OFFICE					
1.	Operator					
	Atlantic Richfield Comp	oany				
	P. O. Box 1710, Hobbs,	New Mexico 88240	Other (Please explain)			
	Reason(s) for filing (Check proper box) New Well	1 1079				
	Recompletion	Change in Transporter of:  Oil Dry Gas	Effective March	1 1, 1978		
	Change in Ownership	Casinghead Gas Condens				
	If change of ownership give name and address of previous owner	Hanson Oil Corporation,	P.O. Box 1515, Roswell,	NM 88201		
H.	DESCRIPTION OF WELL AND L	EASE		Kind of Lease Federal		
	Lease Name	l l _	e, Including Formation	Kind of Lease Federal State, Federal or Fee NM 052		
	Mescalero Ridge Unit 3	5 12 Pear	·1 Queen			
	Unit Letter E ; 1980	O Feet From The North Line	and 990 Feet From T	West		
	25 -	300	34E , NMPM, Le:a	County		
	Line of Section 35 , Town	ship 198 Range	, NMPM,	,		
III.	DESIGNATION OF TRANSPORTI Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)		
	None (WIW)					
	Name of Authorized Transporter of Casir	nghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)		
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When					
	give location of tanks.					
	If this production is commingled with COMPLETION DATA	that from any other lease or pool, g	give comminging order number:			
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	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		
	·					
			<u> </u>	<u> </u>		
V.	TEST DATA AND REQUEST FO OIL WELL	R ALLOWABLE (Test must be af able for this de	ter recovery of total volume of load oil o 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 lif	t, etc.)		
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	Tubing Flessure	Cabing 1 1000 mg			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
				l		
	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		
<b>1</b> .7₩	CERTIFICATE OF COURT IANG	F	OIL CONSERVA	TION COMMISSION		
¥1.	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		OIL CONSERVATION COMMISSION			
			APPROVED	, 19		
	Commission have been complied we above is true and complete to the	ith and that the information given	BY	Orig. Signed by		
		· · · · · · · · · · · · · · · · · · ·	TITLE	erse e en estados. Cerca e estados estados en estados en entresentados en entresentados en entresentados en entresentados en entre		
			11145			

DL. Sparkelford	
(Signature)	
Accountant I	

2-15-78

(Date)

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 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.

OIL CUNSERVATION COMM.