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1.	TRANSPORTER	OIL			
		GAS			
	OPERATOR				
	PRORATION OFFICE				
	Operator Atlantic Richfield Compa				
	P. O. Box 1978, Roswell				
Reason(s) for filing (Check proper box)					
	New Well				Change
	Recompletion	X			Oil
	l	1 1			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110

Effective 1-1-65 HORIZATION TO TRANSPORT OIL AND NATURAL GAS any New Mexico 88201 Other (Please explain) in Transporter of: Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Now Down Hole Commingled with Vacuum Glorieta Well No. Pool Name, Including Formation Lease Name Kind of Lease Lease No. State B-1578 North Vacuum Abo State, X XXXXXX XXX Ree State B-1578 Location 1980 Feet From The_ North_Line and__ 1800 West Unit Letter Feet From The 30 Township 17S 35E Line of Section Lea Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X Texas-New Mexico Pipe Line Company Box 1510 Midland, Texas 79701 Name of Authorized Transporter of Casinghead Gas 🗷 💮 or Dry Gas 🗔 Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company Phillips Bldg. 4th and Washington Odessa, Tex. Is gas actually connected? Unit Sec. Twp. P.ge. When If well produces oil or liquids, give location of tanks. 30 Yes 5-29-65 17S 35E If this production is commingled with that from any other lease or pool, give commingling order number: DHC-109 IV. COMPLETION DATA Gas Well Plug Back Oil Well New Well Workover Deepen Same Resty. Diff. Resty. Designate Type of Completion = (X) X X Date Compl. Ready to Prod. Date Spudded P.B.T.D. Total Depth 10,200 96021 12-30-71 Elevations (DF, RKB, RT, GR, etc.) Top Cil/Gas Pay Name of Producing Formation Tubing Depth 3991 GR Abo 8469 8389 Perforations Abo 8469,8476,8489,8504,8522,8528,8540,8550,8560, 8577,9098, Depth Casing Shoe 10,200 9136, 9148, 9157, 9166, 9181, 9198, 9210, 9226, 9244 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 13-3/8 1571 1350 $17\frac{1}{2}$ $12\frac{1}{4}$ 4800 2170 9-5/8 10200 7 1440 8-3/4 2-3/88389 V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Test Tank 12-31-71 2-10-72 Pump Length of Test Tubing Pressure Casing Pressure Choke Size 24 hours PKR Gas - MCF Actual Prod. During Test Oil - Bbls. Water - Bbis. 26.0 24.0 2.0 **GAS WELL** Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. 00. form is to be filed in compliance with RULE 1104. 11/ 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 o 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

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OIL CONSERVATION COMM.