

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

HUBBS OFFICE O. C. C.
MAY 25 11 46 AM '67

I. Operator
Address Atlantic Richfield Company
Reason(s) for filing (Check proper box) 10801, New Mexico
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ 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
Lease Name State LC Lease No. OC-1647 Well No. 1 Pool Name, including Formation Guail-Queen Kind of Lease State, Federal or Fee
Location Undesignated - Queen
Unit Letter H : 1080 Feet From The North Line and 660 Feet From The East Line
Line of Section 14 Township 10S Range 34E, NMPM, 10 County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Atlantic Richfield Company
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
None
If well produces oil or liquids, give location of tanks. Unit H Sec. 14 Twp. 10S Rge. 34E Is gas actually connected? No - Vented Temporarily When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.
Date Spudded 1-2-67 Date Compl. Ready to Prod. 5-12-67 Total Depth 70-350' P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 3072 DF Name of Producing Formation Queen Top Oil/Gas Pay 5126' Tubing Depth 5120'
Perforations 5126, 5145, 5153, 5170, 5186, 5192, 5227, 5276, 5317, 5336 Ten Jet Perforations Depth Casing Shoe 5462-371'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
10 1/2" 13 3/8" 434-37 375
10 1/2" & 11" 8 5/8" 400-48 400
7 7/8" 4 1/2" 248-37 600
6" 3 1/2" 511'

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)
Date First New Oil Run To Tanks 5-13-67 Date of Test 5-15-67 Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 22 hours Tubing Pressure 373 Casing Pressure 500 Choke Size 2"
Actual Prod. During Test 393 Oil - Bbls. 373 Water - Bbls. 500 Gas - MCF 100

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

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.
O. D. Hatcher
(Signature)
Hatcher Drilling Services
(Title)
May 14, 1967
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
TITLE _____
This form is to be filed in compliance with RULE 1104.
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 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.