	HO. OF COPIES REC	Ī						
	DISTRIBUTIO	NC						
	SANTA FE							
	FILE							
	U.S.G.S.							
	LAND OFFICE	\top						
	TRANSPORTER	OIL						
	TRANSPORTER	GAS						
	OPERATOR							
	PRORATION OFF							
	Operator							
	Atlantic Richfield Com							
	Address							
	P. O. Box 1978, Roswell							

VI.

HEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE

SANTA FE FILE		.1EW MEXICO OIL REQUEST		ATION COMMISSE LOWABLE	Form C-104 Supersedes G Effective 1-1	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65			
U.S.G.S.	AUTHORI	ZATION TO TE	AND ANGRAD	T OIL AND NATURA					
LAND OFFICE		Orig & 4 cc			AL GAS				
TRANSPORTER OIL					, Santa Fe, N.M.				
OPERATOR GAS		cc	: Part		, 22100 10, 10, m.				
PRORATION OFFICE	+	cc	: Cent	ral File					
Operator	- 								
Atlantic Richfield Company Address									
P. O. Box 1978, Roswell, New Mexico 88201									
	Reason(s) for filing (Check proper box) Other (Please explain)								
New Well Recompletion	Change in Transporter of:			Well placed in Pool eff: 2-1-70 Order No. R-3895					
Change in Ownership	ਜ਼			densate					
If change of ownership give na	me	30.14	chisate	<u> </u>					
and address of previous owner	•								
I. DESCRIPTION OF WELL A	Lease No.	Well No. Pool N			Kind of Lease				
Mescalero Ridge Uni	t MA	32 Soutl	n Quail	Ridge - Yates	State, Federal or Fee	Federal			
Location	660	Nonth							
Unit Letter;	Feet From Th	ne NOrth	ine and	660 Feet Fro	om The West				
Line of Section 28	Township 19S	Range	34E	, NMPM,	Lea	County			
I. DESIGNATION OF TRANSI			AS	· · · · · · · · · · · · · · · · · · ·					
Name of Authorized Transporter of		nsate	.		proved copy of this form is				
The Permian Corpora		or Dry Gas		Box 3119, Midla					
Phillips Pipeline Co		5. 21, GG5	PHITIFIE's Bidges to which approved copy of this form is to be sent) 4th & Washington, Odessa, Texas 79760						
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas ac	tually connected?	SSa, Texas 79	760			
give location of tanks.	В 28	19S 34E	<u> у</u>	res.	4-22-69				
If this production is commingle COMPLETION DATA	d with that from any ot	her lease or pool,	give comm	mingling order number					
Designate Type of Comp	letion - (X)	ell Gas Well	New Well	Workover Deepen	Plug Back Same Re	s'v. Diff. Res'v.			
Date Spudded		I .	 	1		i			
Date Spaced	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth					
					•				
Perforations Depth Casing Shoe									
				CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

			 		· · · · · · · · · · · · · · · · · · ·	, 			
	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)								
	DIL WELL able for this d Date First New Oil Run To Tanks Date of Test				Producing Method (Flow, pump, gas lift, etc.)				
						ļ			
Length of Test	Tubing Pressure	Tubing Pressure		essure	Choke Size				
Actual Prod. During Test	Oil-Bbis.	Oil-Bbls.		l s.	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					
. CERTIFICATE OF COMPLI	ANCE			OIL CONSERV	ATION COMMISSION	N			
I hereby certify that the rules a	nd regulations of the C	il Conservation	APPRO	VED		19			
Commission have been complication above is true and complete to	d with and that the is	formation given	BY HORAMEN						
moode to time and combiets to	me best of my knowl	euge and belief.							
•				TITLE LIPERVISOR DISTRICT					
. 0 .	0 0 81 111 1			This form is to be filed in compliance with RULE 1104.					
	hackelford!	· · · · · · · · · · · · · · · · · · ·	If this is a request for allowable for a newly drilled or deepened						
Que Sharkelford			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
Sr. Acctg. C	Sr. Acctg. Clerk (Title)				All sections of this form must be filled out completely for silow-				
January 23,			able on new and recompleted wells.						
9 (Date)				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.					

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.