

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-105
Effective 1-1-65

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9/18/75</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

Lease Name Young Federal		Well No. 1	Pool Name, including Formation Wildcat - Strawn	Kind of Lease State, Federal or Fee Federal	Lease No. NM 9019
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>18S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation		Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 20	Twp. 18S	Rge. 32	Is gas actually connected? No	When To be connected when permanent bttv is installed

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4/30/75	Date Compl. Ready to Prod. 7/18/75	Total Depth 12,835'		P.B.T.D. 11,647'					
Elevations (DF, RKB, RT, GR, etc.) 3743.2' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,540'		Tubing Depth 11,450'					
Perforations 11540, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54 55, 56, 57, 58, 59 & 11560'		Depth Casing Shoe 11,725'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8" OD		745'		825				
11"	8-5/8" OD		4550'		1950				
7-7/8"	5-1/2" OD		11,725'		725				
	2-3/8" OD		11,450'						

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)						
Date First New Oil Run To Tanks 7/18/75		Date of Test 7/25/75		Producing Method (Flow, pump, gas lift, etc.) Flow		
Length of Test 24 hrs		Tubing Pressure 250#		Casing Pressure Pkr		Choke Size 24/64"
Actual Prod. During Test 289		Oil-Bbls. 265		Water-Bbls. 24		Gas-MCF 521

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>JUL 28 1975</u> , 19____	
<u>D. L. Shackelford</u> (Signature)		BY <u>John W. Runyon</u>	
Accountant I 7/25/75 (Title) (Date)		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.	

RECEIVED

JUL 26 1975

OIL CONSERVATION COMM.
HOBBS, N. M.