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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Operator ATLANTIC RICHFIELD COMPANY		
Address P. O. Box 1710, Hobbs, New Mexico 882 40		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Request 1200 bbls. testing allowable during the month of July, 1975 to complete well.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE				
Lease Name Young Federal	Well No. 1	Pool Name, including Formation Wildcat Strawn Oil	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				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
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) P.O. 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	Sec.	Twp.	Rge.
Is gas actually connected?		When		
No				

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 4-30-75	Date Compl. Ready to Prod. 7-7-75	Total Depth 12835'		P.B.T.D. 11647'					
Elevations (DF, RKB, RT, GR, etc.) 3743.2' GR	Name of Producing Formation Strawn Oil	Top Oil/Gas Pay 11,540		Tubing Depth 11450'					
Perforations 11,540-11,560				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 sx				
11 "	8-5/8" OD		4550'		1950 sx				
7-7/8"	5-1/2 " OD		11725'		725 sx				
	2-3/8" OD		11,450'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	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 (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.	
<u>D. L. Shackelford</u> (Signature)	
Accountant I	(Title)
7-17-75	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	JUL 17 1975 , 19
BY	<u>John W. Runyan</u> Geologist
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.	