

TRIBUTION		
FE		
.S.		
JOFFICE		
NSPORTER	OIL	
	GAS	
ERATOR		
ORATION 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

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 type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/> Same Zone	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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
J. R. Phillips "A"	2	Eunice Monument Grayburg S.A.	State, Federal or Fee Fee
Location			
Unit Letter N ; 330 Feet From The South Line and 2310 Feet From The West			
Line of Section 31 , Township 19S Range 37E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipe Line Company	P.O. Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 31	Twp. 19S
			Rge. 37E
			Is gas actually connected? Yes
			When 09/17/73

If this production is commingled with that from any other lease or pool, give commingling order number: R 1385

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X				X	X	
Date Spudded Workover	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Commenced 09/09/73	09/17/73	3880'	3700'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Eunice Monument	Grayburg S.A.	3469'	3429'					
Perforations	Depth Casing Shoe							
3469, 86, 3523, 29, 89, 3604, 09, 12, 21, 57 & 3661'	3789'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15-1/2"	12-1/2"	243'	200					
10"	9-5/8"	2317'	400					
8-3/4"	7"	3789'	300					
	2-3/8"	3429'						

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	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
1309	24 hrs.	-0-	--
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
back pr.	370#	Pkr.	3/8"

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.

A. L. Shackelford
(Signature)
Senior Accounting Clerk
(Title)
September 20, 1973
(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 Sections I, II, III, and VI only 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.