	NO. AN COMING MECELMES					
	DISTRIBUTION					
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	IRANSPORTER	OIL				
		GAS				
	OPERATOR					
1.	PRORATION OFFICE					
	Cperator ARCO Oil and Ga					
	Division of Atl					
	Address					
	P. O. Box 1710,					
	Reason(s) for filing (Check proper box					
	New Well					
	Recompletion					
	Change in Ownership					

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-111			
	FILE	-	AND	Effective 1-1-85			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
	LAND OFFICE						
	TRANSPORTER GAS						
	OPERATOR						
I.	PRORATION OFFICE						
	Operator ARCO Oil and Gas Company - Division of Atlantic Richfield Company						
	DIVISION OF ACTABLE RECEIVED COMPANY Address						
	P. O. Box 1710, Hobbs, New Mexico 88240						
	eason(s) for filing (Check proper box)  Other (Please explain)						
	Change in Transporter of: Change in Operator Name						
	Recompletion Change in Ownership						
	ridige in Owner ship						
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Nar	me, Including Formation	Kind of Lease			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	"A" 3 E	Mariant	State, Federal or Fee			
	Location	, , , , , ,	race 1. propried				
	Unit Letter K ; 23)	O Feet From The South Line	e and <u><b>2310</b></u> Feet From T	The West			
		•	226	P			
	Line of Section 3/ , Tow	vnship 195 Range	37E , NMFM,	County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s				
	Name of Authorized Transporter of Oil		Address (Give address to which approx	ped copy of this form is to be sent)			
	lexas New Mexico	Pipeline Co.	Address (Give address to which approx	us, lesas 79701			
	Name of Authorized Transporter of Cas	4	Andress (Give address to which approve	0.8 kla 74102			
	Warren Belroleum	Unit Sec. Twp. Rge.	Is gas actually connected?	1-2-1			
	If well produces oil or liquids, give location of tanks.	m 31 19 37	Ues	Unknown			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	R-1385			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.			
	Designate Type of Completion		t Baspan				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	No Change						
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations	1		Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
$\mathbf{v}$ .	TEST DATA AND REQUEST FO			and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	able for this de	ppth or be for full 24 hours)  Producing Method (Flow, pump, gas li	ft. etc.)			
	No Change	Bate of Yest	, 104401119				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
				Gas-MCF			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gds - MCF			
	<u> </u>						
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
		Tubing Pressure	Casing Pressure	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Plessure	Cusing Pressure	Glioke Size			
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION			
<b>∀ I</b> .	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.		1979 ADD 20 1979				
			AFFROVEY	APPROVED AFTY A 10, 3, 19			
			BY Jelly Jeffon				
			SUPERVISOR DISTRICT				
			TITLE DOLLAR STATE	and lines with any a single			
,	Man While		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened				
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	District Prod. & Drlg.		All sections of this form mu	ist be filled out completely for allow-			
	(Title)		able on new and recompleted wells.				

(Date)

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.

MAR 14 1979