ſ	NO. OF COPIES RECE	IVED		
ŀ	DISTRIBUTION			
ł	SANTA FE			
İ	FILE			
1	U.S.G.S.			
	LAND OFFICE			
Ì	TRANSPORTER	OIL		
- 1		GAS		
	OPERATOR		<u> </u>	!
1.	PRORATION OFFICE		<u> </u>	<u> </u>

II.

Ш.

NO. OF COPIES RECEIVED	<u> </u>					
DISTRIBUTION		NSERVATION COMMISS		Form C-104 Supersedes Old C-104 and C-1.		
SANTA FE	FE REQUEST FOR A			Effective 1-1-65		
FILE		AND	.5.4. 6.4.6			
u.s.g.s.	AUTHORIZATION TO TRAN	SPORT OIL AND NATU	JRAL GAS			
LAND OFFICE						
TRANSPORTER GAS						
OPERATOR		•				
PRORATION OFFICE						
Atlantic Richfield Comp	any					
P. O. Box 1710, Hobbs,	New Mexico 88240			050 441		
Reason(s) for filing (Check proper box)		Other (Please expl	ain) Please	assign a 250 bbl		
New Well	Change in Transporter of:			the month of		
Recompletion X	Oil Dry Gas	March, 1975	•			
Change in Ownership	Casinghead Gas Condens	ate				
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND LI	FASE			Lease No		
Lease Name	Well No. Pool iddine, mercaning :	Indian	d of Lease			
J. R. Phillips "A"	5 Eunice Monument	Grbg SA Stat	e, Federal or Fee	Fee		
ocation 660 For The South Line and 660 Feet From The West						
Onit Letter		7 E , NMPM,	Lea	County		
Elife of obstance						
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to wi	hich approved cop	y of this form is to be sent)		
		P O Poy 1510, Mid	land. Texas	s 79701		
Texas New Mexico Piperi	Texas New Mexico Pipeline Company P.O.Box 1510, Midland, Texas 19101 Address (Give address to which approved copy of this form is to be s Address (Give address to which approved copy of this form is to be s					
Warren Petroleum Corporation P.O.Box 1589, Tulsa, Oklahoma 74102						
	When					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. K 31 19 37	Yes	2/2	4/75		
If this production is commingled with		give commingling order nu	mber: R-1	385		
. COMPLETION DATA	Oil Well Gas Well			Back Same Res'v. Diff. Res		
Designate Type of Completion	a = (X)					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.		
			Tub	ing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				
Perforations			Dep	th Casing Shoe		
	TUBING, CASING, AN	CEMENTING RECORD		SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
		<u> </u>				
/. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this d	epth or be for full 24 nours)		ust be equal to or exceed top a		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, 1	oump, gas lift, etc	.)		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
Actual Prod. During Test	Oil-Bbla.	Water - Bbls.		Gas-MCF		
GAS WELL		Phile Condensate AMCE	G.	avity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	J.	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	(a) Ch	oke Size		
A COURT OF COURT IAN	ICE	OIL C	ONSERVATION	ON COMMISSION		
I. CERTIFICATE OF COMPLIAN		1	MAR *	19		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	Ö.	ig. Signed by		
Commission have been complied above is true and complete to the	with and that the information gives he best of my knowledge and belief	BY	To	e D. Romy		
		LF.	J.	•		

Accountant I

2/28/75

(Title)

(Date)

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.

This form is to be filed in compliance with RULE 1104.

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.

FECS. ICT.
CL COASERVAT COMM.
LOBUS, N. M. COMM.