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NO. OF COPIES REC	Cives	:	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			

	CANTA 55	1	CONSERVATION COMMISSION	Form C-104					
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65					
	FILE		AND						
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS					
	LAND OFFICE	-							
	TRANSPORTER OIL	4							
	GAS	-							
	OPERATOR								
I.	PRORATION OFFICE	Company -							
Cperator ARCO Oil and Gas Company - Division of Atlantic Richfield Company									
		antic kichileta Company		1.=					
	P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Well Change in Transporter of: Change in Operator Name								
	New Well	Change in Transporter of:	00 4	· · · · · · · · · · · · · · · · · · ·					
	Change in Ownership Casinghead Gas Condensate								
	If change of ownership give name								
	and address of previous owner								
H.	DESCRIPTION OF WELL AND		To all days 17 and all						
	Lease Name	Well No. Pool Na	me, Including Formation	Kind of Lease					
	J. J. Shillips	$S H   \gamma \gamma \sigma$	nument Blinebry	State, Federal or Fee					
	Loc <b>G</b> ion	_ 0 .1 '							
	Unit Letter 1; 33	30 Feet From The South Lin	ne and 1650 Feet From	The West					
			<b>.</b> - <b></b>	₽ ·					
	Line of Section 3/, Tox	wnship 198 Range	37E , NMPM,	de County					
III.		TER OF OIL AND NATURAL GA	AS						
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ved copy of this form is to be sent)					
	lexas New Mexico	Lipeline Company	Box 1510, Milland	0, lesas 79701					
	Name of Authorized Transporter of Cas	singulad Gas or Dry las	Address (Give address to which approx	perd copy of this form is to be sent)					
	Warren Selseun	V Corporation	Box 1589 Welso, C	tkla 74/02					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en . A A					
	give location of tanks.	M 31 19 37	\ \ues	Unknow					
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	R-1385					
IV.	COMPLETION DATA								
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.					
		iii	1	1 1					
	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 Depth Casing Shoe								
TUBING, CASING, AND CEMENTING RECORD									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-					
	OIL WELL		epth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	ft, etc.)					
	No Change								
	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	Casing Pressure	Choke Size					
1/1	CERTIFICATE OF COMPLIAN	CE.	OU CONSERVA	TION COMMISSION					
	Therefore and the table and a send of	namilations of the Oil Consequetion	APPROVED APR 12 1979 19						
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1/ 250 1 /- 7//						
	above is true and complete to the best of my knowledge and belief.								
	SUPERVISOR DISTRICT D			DISTRICT					
	TITGE								
District Prod. & Drlg. Supt.  (Signature)  (Title)			This form is to be filed in o	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 allow-						
						able on new and recompleted we	able on new and recompleted wells.		
							3-9-79		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.
					ate)				

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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MAR 1 4 1979

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