NO. OF COPIES REC	EIVED	!	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			
Atlantic Richfield			

	SANTA FE		CONSERVATION COMMILLION	Form C-104		
	FILE	- KEQUESI	FOR ALLOWABLE	Supersedes Old C-164 and C-11 Effective 1-1-65		
	U.S.G.S.	ALITUODIZATION TO TO	AND	216		
	LAND OFFICE	- AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS		
	Tou	-				
	IRANSPORTER GAS	┪				
	OPERATOR	┪				
1.	PRORATION OFFICE					
1.	Operator					
	Atlantic Richfiel	d Company				
	Address P. O. Box 1978, Roswell, New Mexico 88201					
Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:	Change in well	number from Well #3		
	Recompletion	Oil Dry Go	 1	ffective 4-1-72		
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name and address of previous owner					
	and address of previous owner.					
II. DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, Including Formation Kind of Lease 200 acres Fee Lease No.					
	James H. Williams Co	m. 1 Eumont Gas	State, Federa	or40° acres State E-274		
	Location					
	Unit Letter E ;	1980 Feet From The North Lir	ne and 660 Feet From	The West		
	Line of Section 34 To	wnship 19S Range	37E , NMPM,	Lea County		
III.		TER OF OIL AND NATURAL GA				
	Name of Authorized Transporter of Ol	or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)		
	None					
	Name of Authorized Transporter of Ca		Address (Give address to which appro-	ved copy of this form is to be sent)		
	Northern Natural Gas		Box 1310, Omaha, Nebr			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en		
	give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· ·			
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	•		
	COMPLETION DATA					
	Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
		i		1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations			Depth Casing Shoe		
			D. CENTURA DECORD	<u> </u>		
			D CEMENTING RECORD	24 24 2 2 3 3 3 3		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				 		
				-		
		<u> </u>		<u> </u>		
V.	ST DATA AND REQUEST FOR ALLOWABLE (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)					
OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Date I list hew on itali to fame					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Langin of Task					
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF		
Î						
į			.1	<u> </u>		
	GAS WELL					
1	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
4 /4	CERTIFICATE OF COMPLIAN	CF	OIL CONSERVA	TION COMMISSION		
¥1.	CERTIFICATE OF COMPLIAN	CE		/ 1 1 1077		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED WA			
				Onia Signal L		
above is true and complete to the best of my knowledge and belief.		BY	Joe D. Ramey			
		TITLE Dist. I, Supv.				
	A A RI	01 17		compliance with RULE 1104.		
	A.L. Stacket	150 A	If this is a request for sllow	vable for a nawly drilled or despensed nied by a tabulation of the deviation		
	• 2	•	tests taken on the well in accor	dance with RULE 111.		
Sr. Accounting Clerk				as he ditted and completely for allow-		

(Title)

(Date)

May 9, 1972

All sections of this form must be filled out completely for allowable on new and recompleted weils.

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

RECEIVED

MAY 10 1972 OIL CONSERVATION COMM. HOBBS, N. M.