A.S. OF COPIES TEENED	net-MR/Thek pages						
DISTRIBUTION							
SANTA FE		CONSERVATION COMM ON	Form C-104				
FILE	REQUES	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
U.S.G.S.							
LAND OFFICE			AL GAD				
IRANSPORTED OIL							
GAS							
CPERATOR							
I. PRORATION OFFICE							
Operator							
Atlantic Richfie Address	ld Company						
P. O. Box 1978,	Roswell, New Mexico 88201						
Reason(s) for filing (Check prope	box)	Other (Please explain)					
New Well	Change in Transporter of:						
Recompletion		Gas X					
Change in Ownership	Casinghead Gas Cond	ensate					
If change of ownership give nar	ne						
and address of previous owner.							
II. DESCRIPTION OF WELL A							
Lease Name	Well No. Pool Name, Including	· · · · · · · · · · · · · · · · · · ·	Ledse No.				
James H Williams	5 Eumont Queen	Gas Stole, Fei	deral cr Fee State E-274				
Location F	1980 North	1000					
Unit Letter;;	Feet From The NOT In Li	ine and Feet Fr	om The				
Line of Section 34	Township 19S Barge	37E NUR	Los				
Line of Section 34	Township 195 Range	STE , NMPM,	Lea County				
III. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	45					
Nome of Authorized Transporter o			proved copy of this form is to be sent;				
Name of Authorized Transporter of	Casinghead Gas 📄 or Dry Gas 🕅	Address (Give address to which ap	proved copy of this form is to be sent;				
Northern Natural	Gas Company	401 Wall Tower, Midl					
If well produces oil or liquids,	Unit Sec. Twp. Pge.		When				
give location of tanks.	F   34  19S  37E	No-pending	Pipe line connection				
If this production is commingled	with that from any other lease or pool,	······································	· · ·				
IV. COMPLETION DATA	with that from any other rease of poor,	give comminging order number:					
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v				
Designate Type of Compl	X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
11-4-57	11-20-57	3900	3731				
Elevations (DF, RKB, RT, GR, etc	, Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth				
3570 GR	Queen	3724	3710				
Perforations 3724 to 3728	four jet shots per foot		Depth Casing Shoe				
			3899				
		D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
12 1/4	8 5/8	330	200				
7 7/8	5 1/2	3899	200				
	2 3/8	3710					
V. TEST DATA AND REQUEST OIL WELL		ifter recovery of total volume of load ( epth or be for full 24 hours)	oil and must be equal to or exceed top allow				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	list, 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				
316 MCF/D	24	0	0				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
back pr.	257	Packer	22/64				
VI. CERTIFICATE OF COMPLIA	INCE	OIL CONSERV	VATION COMMISSION				
		i # 1 1	9 1079				
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.		APPROVED <u>JUL 2.7.1972</u> , 19 BY <u>Drie, Signed by</u> John Rupyan					
					~	TITLE Geolo	gist
				-) D (	2	This form is to be filed b	n compliance with RULE 1104.
Signature)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the caviation tests taken on the well in accordance with AULE 111. All meetings of this form must be filled out completely for allowa					
					Title)	All sections of this form t able on new and recompleted	
				5-23-72		Fill out only Sections I. II. III, and VI for changes of owner.	
	Date)	well name or number, or transporter, or other such change of condition.					
		H Separate Forms C-104 million	ust be filed for each pool in multiply				

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