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(Date)

NEW MEXICO OIL CONSERVATION COMMISSIC... REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTA FE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRANS	TOOT OIL AND NATIONS G	AS
LAND OFFICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U VON	3 oz PH 265
TRANSPORTER			- 05 IN 03
GAS			
OPERATOR OFFICE			
PRORATION OFFICE			NAME CHANGE
W. K. Byrom			ATLANTIC P. L. CO.
Address	n ac 66010		TO
Box 147 - Hobbs, Reason(s) for filing (Check proper box)	N. M. 80240	Other (Please explain)	ARCO P.L. CO.
New Well	Change in Transporter of:		EFF. 1 - 1 - 71
Recompletion	Oil Dry Gas	No copy on file	
Change in Ownership	Casinghead Gas Condensa	tte No copy on 1222	
f change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND I	EASE		Kind of Lease
Lease Name thantin		, Including Formation San Andres Grayburg	State, Federal or Fee State
Bradley		/	
Location	Feet From The North Line	and 1800 / Feet From	The East
Unit Letter G; 100			Ion
Line of Section 6 , Tow	mship 19S Range 38E	, NMPM,	Lea County
	THE STATE OF THE S	4.	
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate		
Atlantic Pipe Line C		Box 1190 - Midland, T	'exas
Name of Authorized Transporter of Cas	singhead Gas 🔼 or Dry Gas 🗌	Address (Give address to which appr	
Phillips Petroleum C	60.	Bartlesville, Oklahom Is gas actually connected?	hen
If well produces oil or liquids,	Unit Sec. Twp. Rge. 6 19S 38E	yes	March, 1957
give location of tanks.			
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool, g		Plug Back Same Res'v. Diff. Res
	Oii weii	New Well Workover Deepen	Flug Buck Balle 1100 V. Danie
Designate Type of Completic		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	10101 2 17	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			Bep.iii Cubing 3
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NOTE SIZE			
AND DEOUEST I	EOD ALLOWARIE (Test must be at	fter recovery of total volume of load o	oil and must be equal to or exceed top al
. TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gus	21,0, 0201)
·	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Tubing Flessme		
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
Actual Prod. Test-Mot/D			(2)) (2)
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
		011 0011055	VATION COMMISSION
I. CERTIFICATE OF COMPLIA	NCE		VATION COMMISSION
		APPROVED	<u> </u>
	d regulations of the Oil Conservation with and that the information given	,	
above is true and complete to t	he best of my knowledge and belief.		
		TITLE	
		This form is to be filed	in compliance with RULE 1104.
QQ C On and		If this is a request for a	llowable for a newly drilled or deep
Office Mgr.		well, this form must be accordant tasts taken on the well in a	ccordance with RULE 111.
Office Mgr.		All coctions of this form	must be filled out completely for a
(Title)		able on new and recompleted	i wells.

able on new and recompleted wells. 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.