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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Atlantic Richfield Company	
Address P. O. Box 1978, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 157 A	Well No. 4	Pool Name, Including Formation Jalmat Gas	Kind of Lease State, Federal or Fee State	Lease No. B-1506
Location Unit Letter I, 1980 Feet From The South Line and 660 Feet From The East				
Line of Section 9 Township 22S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 9	Twp. 22S	Rge. 36E	Is gas actually connected? No	When Approx. 8-1-72

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X		X		
Date Spudded 5-24-72	Date Compl. Ready to Prod. 5-27-72	Total Depth 3,850	P.B.T.D. 3,665					
Elevations (DF, RKB, RT, GR, etc.) 3552 GR	Name of Producing Formation Yates	Top Oil/Gas Pay 3215	Tubing Depth 3423					
Perforations 3215, 3267, 3276, 3278, 3293, 3331, 3334, 3338, 3349, 3354, 3401 & 3407	12 holes	Depth Casing Shoe 3850						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
No change from original.								
	2 3/8	3423						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, 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 1326	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 130	Casing Pressure (shut-in) 270	Choke Size 32/64

VI. CERTIFICATE OF COMPLIANCE

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.

Fred Griffith
(Signature)
Reports Clerk
(Title)
July 5, 1972
(Date)

OIL CONSERVATION COMMISSION
SEP 18 1972
APPROVED
BY [Signature]
TITLE SUPERVISOR DISTRICT I

This form is to be filed in 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 allowable on new and recompleted wells.
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

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JUL 6 1972

OIL CONSERVATION COMM.
HOBBS, N. M.