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	DISTRIBUTION			Form C+194
	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-110
	FILE			Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	.S
	I RANSPORTER OIL			
	GAS			
	OPERATOR			
I.	Coperation OFFICE Company -			
	Division of Atlantic Richfield Company			
	Address P. O. Box 1710, Hobbs, New Mexico 88240			
	P. O. Box 1710, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Change in Transporter of: Change in Operator Name			
	Recompletion Oil Dry Gas effective: 4-1-79			
	Change in Ownership Casinghead Gas Condensate			
	change of ownership give name			
	address of previous owner			
II. DESCRIPTION OF WELL AND LEASE				Kind of Loose
		(1)/2 Well No. Pool Nam		State, Federal cr Fee 7.0
	Lecation	WN (des) / Juc	mar	
	Unit Letter D ; 99	O Feet From The North Line	e and Feet From Th	eWest
			2/E	4
	Line of Section D, Tow	mship 225 Range	36E, NMPM, C	County
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	
	Name of Authorized Transporter of Oil		Address (Give address to which approve	d copy of this form is to be sent;
	None Name of Authorized Transporter of Cas	inchead Gas Cor Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)
	El Prophotico of	Has Com same	PO BOU 1384 Oal.	NM 88252
	If well produces oil or liquids,	Unit Sec. Twp.	Is gas actually connected? When	
	give location of tanks.		yes	Unknown
		h that from any other lease or pool,	give comminging order number:	
1 V .	COMPLETION DATA	Cil Well Cas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic	i		
	Date Spudded No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	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 FOR ALLOWABLE (Test must be after recovery of total vo				nd must be equal to or exceed top allow-
	OIL WELL able 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.)			
	No Change			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Le David Durley Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	Actual Prod. During Test			
	GAS WELL	It much of Tool	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	I hereby certify that the rules and regulations with Oir Conservation Commission have been complete with and the tibe importantion given above is true and complete to the best of my knowledge and belief.			
			APPROVESAPR 1 0 1979 19	
			- (- P8317 - 1	of fino,
			BY Exemple	
•			TITE SUPERVISOR DISTRICT F	
	4		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	
	District Prod. & Drlg. Supt.		tests taken on the well in accordance with RULE 111.	
	(T	itle)	All sections of this form must be filled out completely for allow- 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	
	3-7-79	atal		
	· (D	ate)		
			completed wells.	

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