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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

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

U.S.G.S.	AUTHORIZATION TO TRAI	SPORT OIL AND NATU	RAL GAS	
LAND OFFICE				
TRANSPORTER GAS	-			
OPERATOR	\dashv			
PRORATION OFFICE				
Operator	-			
Atlantic Richfiel	.d Company			
	New Mayico 88201			
Reason(s) for filing (Check proper bo	., New Mexico, 88201	Other (Please explai	n)	
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	; <u> </u>		
Change in Ownership	Casinghead Gas Condens	sate		
If change of ownership give name			45 6% A111	
and address of previous owner				
I. DESCRIPTION OF WELL AND	LEASE		the delice	
Lease Name	Legge No Well No. Pool Nam	ne, Including Formation 4.7-54.1 Andres R-3	Kind of Lease	
East Eunice Feder	alNM0183703 1 Under	rignated (San And		
Lecation				
Unit Letter N; 66	Feet From The South Line	e and Fee	t From The West	
71	ownship 21S Range 3	SE , NMPM,	Lea County	
Line of Section 21 To	ownship 21S Range	OR / THAT MA	Lea	
I. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	s		
Name of Authorized Transporter of O	il 🗽 or Condensate 🗌	Address (Give address to whic	h approved copy of this form is to be sent)	
The Permian Corpo	ration	Box 3119, Midla	nd. Texas	
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to whic	h approved copy of this form is to be sent)	
		To any material supported 2	When	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?		
give location of tanks.	N 21 215 38E	No - Vented	Pending Sales Outlet	
	with that from any other lease or pool,	give commingling order numb	er:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	epen Plug Back Same Res'v. Diff. Res'v	
Designate Type of Complet	ion - (X)	x		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
1-18-68	3-7-68	10,500	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3522' DF	San Andres	4332	4389.75 Depth Casing Shoe	
Perforations 4332-4350 W 2 jet	shote ner foot		4961.88	
7332-7330 H Z Jec		CEMENTING RECORD	4701.80	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
175"	13 3/8"	407.14	325 - Incor	
123"	9 5/8"	3995.67	900 - Incor	
8 3/4"	4 ½"	4961.88	437 - Incor	
	2 3/8"	4389.75		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of pth or be for full 24 hours)	load oil and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum)	p, gas lift, etc.)	
3-7-68	3-8-68	Swabbing		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
10.5 hrs	0	0	2"	
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF	
97 bbls.	55	42 (Load)	Unmeasured	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Dang in St. 1884			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI. CERTIFICATE OF COMPLIA	NCF	OIL CONS	SERVATION COMMISSION	
VI. CERTIFICATE OF COMPLIA				
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, 19		
0-2-1-1-2		TITLE		
Original Signed		This form is to be filed in compliance with RULE 1104.		
O. D. Bretches	O. D. Bretches	restriction and control for allowable for a newly drilled or deeper		
` '	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Dist. Drlg. Super	visor	All sections of this	form must be filled out completely for allow	
(Title)		able on new and recomp	leted wells.	

(Date)

3-19-68

Separate Forms C-104 must be filed for each pool in multiply completed 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.