WO. OF COPIES REC	EIVED		
DISTRIBUTI	ON	Ţ	1
SANTA FE			1
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

June 5, 1973 (Date)

IV.

-1iC

	DISTRIBUTION						
	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104			
	FILE REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C- Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO T	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	GAS			
	TRANSPORTER OIL GAS						
	OPERATOR	 					
	PRORATION OFFICE						
1.	Operator Operator						
	Atlantic Rich	nfield Company					
	Address						
	P. O. Box 197	78, Roswell, New Mexico 8	88201				
	Reason(s) for Hing (Check proper t	ox)	Other (Please explain)				
	New Well	Change in Transporter of:		MUST NOT BE			
	Recompletion	Oil Dry	Gas The American	W NOT BE			
	Change in Ownership	Casinghead Gas Cond		EPUON TO BATTO			
			IS OBTAINED.	EL TION TO WARD			
	If change of ownership give name and address of previous owner	• 		<u>-</u>			
Ш.	DESCRIPTION OF WELL AN	D LEASE					
	Lease Name	Well No. Pool Name, Including Eunice Monume	Formation Kind of Leas	e Lease No.			
	W. C. Roach	5 Grayburg San	Andres State, Federa	nl or Fee Fee			
	Location	· -					
	Unit Letter F ; 16	50 Feet From The North L	ine and 1650 Feet From '	_{The} West			
j	0.						
- [Line of Section 21	Cownship 20S Range	37E , NMPM,	Lea County			
m.	DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G					
Í	Texas New Mexico Pip	_	Address (Give address to which approx				
1		- •	Box 1510, Midland, Tex				
ĺ	Name of Authorized Transporter of C	casinghead Gas or Dry Gas	Address Give address to which approx	ved copy of this form is to be sent)			
- 1							
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en			
Ĺ	give location of tanks.	F 21 20S 37E	No				
1	f this production is commingled v	vith that from any other lease or pool,	, give commingling order number:	•			
	COMPLETION DATA						
l	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty			
		A	X	1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
-	April 30, 1973	May 21, 1973	3808'	3798'			
- 1	Elevations (DF, RKB, RT, GR, etc.)	•	Top Oil/Gas Pay	Tubing Depth			
-	3521 DF	Grayburg San Andres	3719'	3753'			
- [3719, 29, 35, 65, 74,	81 86 % 37881		Depth Casing Shoe			
- 1	0000						
- }-			D CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·			
⊢	121''	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
⊢	7 - 7/8"	8 - 5/8" OD	426'	325			
<u> </u>	7 - 1/8	4 - 1/2" OD 2 - 3/8" OD	3808'	550			
-		2 = 3/8 OD	3753'				
L				<u>i</u>			
	rest data and request f NL well		ifter recovery of total volume of load oil a epth or be for full 24 hours)	ind must be equal to or exceed top allow			
-	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	. etc.)			
	May 21, 1973	June 5, 1973	Flow				
- 1	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24 hours	40#	175#	40/64"			
h	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
-	20 bbls.	18	2	380			
'-		<u> </u>	<u> </u>				
G	as well						
Γ.	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
- 1							
Γ.	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
L							
1. C	ERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION			
		~_	0.2 00.102.117				
t	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				
C							
at			BY				
			TITLE				
		1		111/CB			
	D & 11 11	VV	This form is to be filed in co	-			
_	A. L. Shackely	cary		ble for a newly drilled or deepened			
	(3)/3/10	giwt/	tests taken on the well in accord	led by a tabulation of the deviation ance with RULE 111.			
	Administrative S		All sections of this form must	t be filled out completely for allow-			
	(Ti	ile)	able on new and recompleted well	la.			

All sections of this form must be filled able 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