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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

Operator
Atlantic Richfield Company

Address
Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE Dual w/Ellenburger Gas R-5912

Lease Name Langley Getty Com	Well No. 1	Pool Name, including Formation Undesignated Devonian Gas	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter N	790 Feet From The South Line and 2310 Feet From The West		
Line of Section 21	Township 22S	Range 36E	NMCM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico
If well produces oil or liquids, give location of tanks.	Unit N Sec. 21 Twp. 22 Rge. 36 Is gas actually connected? Yes When 2/21/79

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/16/78	Date Compl. Ready to Prod. 2/20/79	Total Depth 15,500'	F.B.T.D. 15,415'					
Pool Undesignated	Name of Producing Formation Devonian Gas	Top Oil/Gas Pay 12,532'	Tubing Depth 12,188'					
Perforations 12,532-12,617'			Depth Casing Shoe 15,500'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	1410'	1000 SX					
12-1/4"	9-5/8" OD	6200'	2925 SX					
8-3/4"	7" OD	15500'	2100 SX					
	2-3/8" OD	12188'						

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 CAOF 30,768	Length of Test 4-3/4 hrs	Ebls. Condensate/MMCF 169	Gravity of Condensate 54°
Testing Method (pilot, back pr.) back pr	Tubing Pressure 2418#	Casing Pressure Pkr	Choke Size Various

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.

Alvin Lee
(Signature)

Dist. Drlg. Supt.
(Title)

3/2/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED *John W. Runyan*, 19____

BY *John W. Runyan*

TITLE *Geologist*

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.