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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OF	ORATION OFFICE			

Accountant I

11-27-78

(Title)

(Date)

Form C-104

SANTA FE	REQUEST E	FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE	. KEQUEST I	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS
LAND OFFICE	AUTHORIZATION TO TRAI	1101 011 012 1110 1111 1111	
OIL	1		
TRANSPORTER GAS			
OPERATOR	1		
PRORATION OFFICE	i		
Operator			
Atlantic R	cichfield Company		
Address		20240	
P.O. Box 1	710, Hobbs, New Mexico		
Reason(s) for filing (Check proper box	:)	Other (Please explain)	
New Well XX	Change in Transporter of:	<u>_</u>	
Recompletion	Oil Dry Gas	s [
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
	This	l W/Devonian Gas	
I. DESCRIPTION OF WELL AND	YEASE		Kind of Lease
Lease Name	Well No. Pool Nuc	me, Including Formation	77
Langley Getty Com.	1 Langle	ey Ellenburger Gas R-5911	State, Federal of Federal
Location			W+
Unit Letter N; 79	90 Feet From The South Line	te and 2310 Feet From	The West
			Lea County
Line of Section 21 , To	ownship 22S Range	36E , NMPM,	Lea County
		-	
II. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of O	il or Condensate 🔀		
The Permian Corporat	ion	P.O. Box 1183, Houston, Address (Give address to which appro	wed copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas 🔲 or Dry Gas 🛣	!	
El Paso Natural Gas	Co.	P.O. Box 1384, JaI, New Is gas actually connected?	en
If well produces oil or liquids,	Unit Sec. Twp. Rge.		11-18-78
give location of tanks.	N 21 22S 36E	Yes	11-100
If this production is commingled w	with that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Complet	ion (X)	1100 1100	1111
Designate Type of Complete	·	X	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	15,415'
6-16-78	11-18-78	15,500'	Tubing Depth
Pool	Name of Producing Formation	Top Oil/Gas Pay	14,988'
Langley	Ellenburger Gas	15,157'	Depth Casing Shoe
Perforations			15,500'
15, 157-15, 358	<u> </u>	- CTUTUTURE DECORD	10,000
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 1410'	1000 sx
17-1/2"	13-3/8" OD	6200'	2925 sx
12-1/4"	9-5/8" OD	15500'	2100 sx
8-3/4"	7'' OD	14988'	
	2-3/8" OD		1 72
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be detected)	after recovery of total volume of load oil lepth or be for full 24 hours)	l and must be equal to or exceed top allou
OIL WELL	able for this a	Producing Method (Flow, pump, gas l	lift, etc.)
Date First New Oil Run To Tanks	Date of Test	Trouble Marines In 1989, Family 888	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Casing Freeze	
	OU Phi	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	unio: Dailo:	
GAS WELL	T	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	67.5	570
CAOF 52,266	4-pt.	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure	Pkr	Various
Back pr.	3199#		
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
			//10
I hereby certify that the rules ar	nd regulations of the Oil Conservation	APPROVED	1.18
Commission have been complied	d with and that the information given the best of my knowledge and belief.		VIRIO
above is true and complete to	the nest of my knowledge and bellet	SUDERMSON	R DISTRICT !
		TITYE - DOLLIT IN THE	
		This form is to be filed in	n compliance with RULE 1104.
D. L. Sha	abolloud.	re it is a segment for all	owable for a newly drilled or deepene
N. a. Ma	ignature)		namied by a tabulation of the devices.
, (3	·5	tests taken on the well in acc	organce with RULE 111.

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.

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

20 M. (50)

1 572 3 1378

FRANCISERVALIET COMM. TERRA EL MA