ſ	NO. OF COPIES RECEIVED		i	
ı	DISTRIBUTION			
ı	SANTA FE			
ı	FILE			
	u.s.g.s.	<u> </u>		
	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS	<u> </u>	
1	OPERATOR			L
١.	PRORATION OFFICE		<u> </u>	<u> </u>
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4/15/80

NO. OF COPIES RECEIVED					
DISTRIBUTION	1	DNSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11		
SANTA FE	REQUEST FOR ALLOWABLE				
FILE		AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
LAND OFFICE	_				
TRANSPORTER OIL	·				
GAS OPERATOR					
PRORATION OFFICE					
. I	<u></u>				
Operator ANCO Oil and Gas • Pivision of Atlantic Richfie	Lompany Id Company				
Address	Na Company				
Box 1710, Hobbs, New					
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well X	Change in Transporter of:				
Recompletion	Oil Dry Gas	s <u> </u>			
Change in Ownership	Casinghead Gas Conden	sate			
If change of ownership give name and address of previous owner					
•					
. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.		
Lease Name State 367	4 Blinebry Oil		ral or Fee State 367		
Location	J J DIIMODI) 013				
т 100	30 Feet From The South Lin	e and 1980 Feet From	n The East		
Unit Letter J; 196	Feet From The South Lin	e ana <u>1700 </u>	11000		
Line of Section 36 To	wnship 21S Range	37E , NMPM,	Lea County		
Line of Section					
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	description form in to be cent.		
Name of Authorized Transporter of Oil	X or Condensate	Address (Give adaress to which app	roved copy of this form is to be sent)		
Texas New Mexico Pipe		Box 2528, Houston, Te			
Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	· ·	Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Co.					
If well produces oil or liquids,	well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When				
give location of tanks.	L 36 21S 37E	No			
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	PC-261		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Designate Type of Completi	on $-(X)$	x			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
12/10/79	4/1/80	6700'	6651'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
3362.5' GR	Blinebry Oil & Gas	6159'	6034'		
Perforations			Depth Casing Shoe		
5601-5716'			6700'		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
124"	9-5/8" OD	1354'	525		
8-3/4"	7" OD	6700'	2075		
	2-3/8" OD	5761'			
		<u> </u>			
V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load cepth or be for full 24 hours)	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, pump, gas	lift, etc.)		
1/20/80	3/14/80	Pump			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs		_			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
18 bbls	12	6	175		
10 0010					
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Odemid Lioseme famme and			
		OII CONSED	VATION COMMISSION		
I. CERTIFICATE OF COMPLIAN	NCE				
		APPROVED JULI	1980 . 19		
m i i i Laan aamaliad	regulations of the Oil Conservation with and that the information given		12/1/		
above is true and complete to the	ne best of my knowledge and belief.	BY THE THE CONTRACTOR OF THE PARTY OF THE PA			
		TITLE SHEEK VIS	OR DISTRICE!		
		1 0	t		
Market		This form is to be filed	in compliance with RULE 1104. lowable for a newly drilled or deepen		
-11/11/2 Jan Jan		If this is a request for all	TOMEDIA IDL & HOMTA CITTION OF COSPOSIT		

(Signature) Dist. Drlg. Supt. (Title)

(Date)

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 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 completed wells.