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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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-109
Effective 1-1-65

Getty Oil Company

P. O. Box 249, Hobbs, New Mexico 88240

NAME CHANGE
ATLANTIC P.L. CO.
TO
ARCO P.L. CO.
EFF. 1-1-71

Reasons for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ OIL ☐ Dry Gas ☐
Change in Ownership ☒ Gashead Gas ☐ Condensate ☐

Other (Please explain)

Formerly Tidewater GO State "C" #1

If change of ownership give name and address of previous owner

Tidewater Oil Company, P. O. Box 249, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	State of Lease	County
State "AX"	1	Eunice, Grayburg San Andres	State	
Section	1980	Feet From The North Line and 660	Feet From The East	
Range	16	Township 21S	Range 36E	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Atlantic Pipeline Co.	Box 1190, Midland, Texas
Name of Authorized Transporter of Gashead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	Phillips Bldg., Odessa, Texas
Is well produced into tanks, give location of tanks.	Is gas actually condensed?
H 16 21 36	Yes

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	Gas Well	New Well	Workover	Deepen	Relinquish	Game Preserve	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	R.S.D.D.					
Elevations (DE, PKI, RI, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Bottom Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oil 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back prod.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

C. A. Wade
(Signature)

Area Superintendent

(Title)

September 30, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED

19

BY

TITLE

SUPERVISOR DISTRICT

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

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