ರ <u>.\$74</u> ಕರ್	3 rq	;
ANTA FE		ı
ILE		
.s.g.s.		
AND OFFICE		
RANSPORTER	OIL	
THE STATE OF THE S	GA5	

П.

m.

IV.

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE		4	REQUEST FOR ALLOWABLE						Supersedes Old C-104 and C-1.		
FILE						AND				ective 1-1-65	•
U.S.G.S.		-	AUTHOR	RIZATION TO	O TRAN	ISPORT	OIL AND N	NATURAL	GAS		
LAND OFFICE	OIL	+									
IRANSPORTER	GAS	+									
OPERATOR		+									
PRORATION OF	FICE										
			Company -								
Divis	sion of	Atlar	ntic Richf	ield Comp	any						
Address											
			Hobbs, New	Mexico	88240					-	
Reason(s) for filing	(Check prop	er box)	Ch /- 7				Other (Please Change i		tor Namo		
Recompletion	\vdash		Oil Cuange in I	Cromsporter of:	Dry Gas		effective	=			
Change in Ownership			Casinghead		Condens	,, -	0220001				
				<u> </u>				·····			
If change of owners and address of prev											
and address of prev	lous owner	·		- · · · · · · · · · · · · · · · · · · ·							
DESCRIPTION O	F WELL	AND L	EASE	-							
Lease Name	1			Well No. P	ool Name	e, Includin	g Formation	21	Kind of Lea		7
	eman				run	ront	Jule	n Llas	State, Fede	ral or Fee	u
Location	1	00		2	40		مرسر رز		11/0	1+	
Unit Letter(:	99	Feet From	The Nort	Line	and	1630	Feet From	The WE	$u_{\underline{}}$	
Line of Section	17	. Town	ship 21.5	Rang	~ ·	36E	, NMPM,	•		Land	County
Eme of Section		, 10411	3.II.P 011 O	Traing	40 -	<u> </u>	, 141011-101,		· · · · · · · · · · · · · · · · · · ·	new	County
DESIGNATION O	F TRANS	PORTI	ER OF OIL A	ND NATURA	AL GAS	;	. 4				
Name of Authorized				densate 🗀			Give address t	o which appro	wed copy of th	is form is to be	sent)
None											
Number of Authorized	Transporter	of Casin	nghead Gas	or Dry Gas	X	Address (Give address t	o which appro	nued copy of th	is form is to be	sent
Bas Co	.00	new	Mexic			ST	merna	conal !	slag.	ute 1800	Nalla
If well produces oil		! 1	Unit Sec.	Twp. Re	ge.	•	ually connecte	id? Wi	ien		Jey
give location of tank	.s.					year			2-1-5	<u>7</u>	
If this production is		ed with	that from any	other lease or	pool, g	i de comm	ingling order	number:			
COMPLETION D	<u>ATA</u>		00	Well Gas	Well I	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff Beaty
Designate Typ	e of Com	pletion		, ,	1 ·		1	i .	i i	, same res	Din. Nes-v.
Date Spudded		[1	Date Compl. Rea	ady to Prod.		Total Dept	th	<u> </u>	P.B.T.D.		
No 'Change			•	•	•						
Pool		1	Name of Product	ng Formation		Top Oil/G	as Pay		Tubing Dep	th	•
· · · · · · · · · · · · · · · · · · ·					<u>i</u> _				<u> </u>		
Perforations									Depth Casir	ig Shoe	
									<u> </u>	 	
HOLE				BING, CASING TUBING SIZ		CEMENT	DEPTH SE			CKS CEMEN	-
HOLE	5128		CASING &	IUBING SIZ	-		DEFIRSE	. 1	5/	CKS CEMEN	
									- 		
<u> </u>						<u> </u>		·····	1		
											
TEST DATA ANI	D REQUE	ST FOI	R ALLOWARI	IF (Test mu	et he afte	er recovers	e of total value	ne of load oil	and must be a	qual to or excee	ed top allow-
OIL WELL) KEQUE	JI FOI	R ALLOWAL				r full 24 hours		unu musi ve e	June to or excee	sa top attou-
Date First New Oil	Run To Tank	s	Date of Test			Producing	Method (Flow	, pump, gas l	ift, etc.)		
No Change							· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Length of Test		'	Tubing Pressure			Casing Pr	essure		Choke Size		
			· 						2 1/07		
Actual Prod. During	Test	1	Oil-Bbls.			Water - Bbl	s.		Gas-MCF		
·											
GAS WELL											
Actual Prod. Test-	MCF/D	1	Length of Test		1	Bbls. Con	densate/MMCF		Gravity of	Condensate	
				•							
Testing Method (pit	ot, back pr.)		Tubing Pressure			Casing Pro	esswe		Choke Size		
CERTIFICATE O)F COMPI	LIANCI	E			-	OIL C	ONSERV	ATION CON	MISSION	
			1177			*		- · <u>-</u> -			
I hereby certify the	at the rules	and re	gulations of th	e Oil Conserv	ation	APPRO	V P	A	PR 1 1	} 70, 19.	
Commission have	been compl	lied wit	th and that the	e information	given	5 14	L 08.	311 ×	10xVm	, ,	
above is true and	complete t		COLD 1 3	: AutenRe sud po	GITEI.	BY	CALIDE	DATIGOT	DISTR	CT 1	
-			7	A.	1	TITLE	DULD	<u>ur</u> v ≥ ⊃CZ±			
U	. 1		1./	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TL:	is form is to	be filed in	compliance v	vith RULE 11	04.
X) em	-1/.1	رك	·kes	4		If t	his is a requ	est for allo	wable for a n	ewly drilled o	r deepened
		(Signati	ure)			well, th	is form must	be accomp	anied by a ta	bulation of the	e deviation
District Pro	od. & Dr	1g. S	Supt.						ordance with	RULE 111. out completely	r for allow-
9	0	Title	;)			All able on	new and rec	completed w	elis:	.ac completely	. TOT STITUM.

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 completed wells.

RECEIVED

MAR 1 4 1979
CIL CONSERVATION COMM.
BODDS, N. M.