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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

Operator Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input checked="" type="checkbox"/>
	Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 176	Well No. 4	Pool Name, Including Formation Eumont Queen Gas	Kind of Lease State, Federal or Fee State	Lease No. B-1511
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>21S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Company	Box 2370, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When No

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	Plug Back	Same Res'tv.	Diff. Res'tv.
		X				X		X
Date Sp. Prod. W.O. commenced 6/9/77	Date Compl. Ready to Prod. 6/22/77	Total Depth 3945	P.B.T.D. 3895					
Elevations (DF, RKB, RT, GR, etc.) 3645' GR	Name of Producing Formation Eumont Queen Gas	Top Oil/Gas Pay 3086	Tubing Depth 3689					
Perforations 3086, 3112, 43, 73, 79, 3201, 16, 22, 35, 41, 55, 65, 83, 89, 3303, 09, 58, 62, 3510, 18, 44, 54, 72, 76, 3670, 75, 3716, 23, 33, 39 & 49'		Depth Casing Shoe 3879'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
19-5/8"	15 1/2" OD	264'	325					
11-1/2"	9-5/8" OD	2980'	500					
8-3/4"	7" OD	3879'	300					
	2-3/8" OD	3689'						

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 880	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pitot, back pr.) Back pr	Tubing Pressure (shut-in) 340#	Casing Pressure (shut-in) 340#	Choke Size 36/64"

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. L. Shackelford
(Signature)

Accountant I

(Title)

6/29/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 2 1977, 19

BY Jerry Sexton Orig. Signed By

TITLE Dist. L. Supv.

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 condition.

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

JUNE 4, 1977

OIL CONSERVATION COMM.
HOBBS, N. M.