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NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	<u> </u>		
OPERATOR				
PRORATION OFFICE		1		

III.

	DISTRIBUTION SANTA FE FILE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	S		
	TRANSPORTER GAS GAS GAS	,				
1.	PRORATION OFFICE					
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	Change in Transporter of:	X			
	Recompletion X Change in Ownership	Oil Dry Gas Casinghead Gas Condens				
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND L	EASE	rmation Kind of Lease	Lease No.		
	Lease Name J. M. Brownlee	Well No. Pool Name, Including For 1 Eumont Queen G	State Federal o	Fee Fee		
	Location		0210	- West		
	Unit Letter K; 2310	Feet From The South Line				
	Line of Section 25 Tow	nship 21S Range 36	E , NMPM, Le	a County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S	d copy of this form is to be sent)		
Name of Authorized Transporter of Cil or Condensate						
	Name of Authorized Transporter of Casinghead Gas cr Dry Gas Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Jal, New Mexico 88252					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When			
		h that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Di						
	Designate Type of Completio		Total Depth	X X X X		
	Date Recompletion commenced 8/20/76	Date Compl. Ready to Prod. 8/26/76	3867 '	3690 *		
	Elevations (DF, RKB, RT, CR, etc.) 3557 DF	Name of Producing Formation Eumont Queen Gas	Top Oil/Gas Pay 3455 '	3603'		
	Perforations 3455, 87, 96, 53, 3657'	Perforations 3455, 87, 96, 3534, 51, 57, 65, 69, 73, 81, 87, 3600, 15, 34				
	CACKE CEMENT					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		No change in casing 2-3/8" OD	3603'			
v	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil o	and must be equal to or exceed top allow-		
•	OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
		1				
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D 1080	24 hrs	_			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	back pr.	75#	Not recorded	3/4" ATION COMMISSION		
V	I. CERTIFICATE OF COMPLIAN	CE		110N COMMISSION		
	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.		APPROVED			
				unyan		
			TITLE			

9/1/76

O. L. Shackelford
(Signature)
Accountant I
(Title)

(Date)

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