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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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

Lease Name E. C. Adkins	Well No. 11	Pool Name, Including Formation Eunice Monument Grbg SA	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>A</u> ; <u>610</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>21S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Shell Pipeline Corporation		Box 1008, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company		Phillips Bldg, 4th & Washington, Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 9	Twp. 21S
		Rge. 36E	Is gas actually connected? When Yes 5/29/74

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					X		X
Date Work Commenced 4/29/74	Date Compl. Ready to Prod. 5/29/74	Total Depth 6400'		P.B.T.D. 3969'					
Elevations (DF, RKB, RT, GR, etc., 3590' GR	Name of Producing Formation Grayburg San Andres	Top Oil/Gas Pay 3767'		Tubing Depth 3879.96'					
Perforations 3767, 71, 74, 82, 95, 3808, 17, 19, 25, 30, 35, 42, 46, 52, 60 & 76'		Depth Casing Shoe 6400'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
No change in casing									
2-3/8" OD 3879.96'									

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 5/26/74	Date of Test 5/29/74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size -
Actual Prod. During Test 133	Oil-Bbls. 8	Water-Bbls. 125	Gas-MCF 112

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 _____, 19____	
_____ (Signature)		BY _____	
District Drlg. Supv.		TITLE SUPERVISOR DISTRICT I	
6/3/74 (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 completed wells.	