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	SANTA FE	à contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del	CONSERVATION COMMISSION	Form C-104		
	FILE	. KEQUES	T FOR ALLOWABLE AND	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NATURAL (CAS		
	LAND OFFICE	AOTHORIZATION TO TH	CANSI OR FORE AND NATURAL	GAS		
	TRANSPORTER GAS					
	OPERATOR					
I.	PRORATION OFFICE			·		
	Operator ARCO Oil and Gas Company - Division of Atlantic Richfield Company					
	P. O. Box 1710, Hobbs, New Mexico 88240					
	Reason(s) for filing (Check proper box	:)	Other (Please explain)			
	New Well	Change in Transporter of:	Change in Operat			
	Recompletion	Oil Dry (Gas effective: 4-1-	-79		
l	Change in Ownership	Casinghead Gas Cond	ensate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND					
	Lease Name	Well No. Pool N	ame, Including Formation	Kind of Lease		
	Location Sarkeys	4	unkard	State, Federal or Fee		
	Unit Letter P; 990 Feet From The East Line and 330 Feet From The South					
	Line of Section 2.3 . To	wnship 2/5 Range	37E, NMPM,	Lace		
į	7.10	Trange	O/Z / MONEW,	County		
II.		TER OF OIL AND NATURAL G	AS			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
ļ	lexas New M/ efico (Supelino Co.	Box 1510, Medlan	d, lesas 79701		
	the of Administration of the Administration	singhad Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)		
}	Warren Gelloseur	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	OKla 74/02		
	If well produces oil or liquids, give location of tanks.	0 23 21 37	Mea	Unknown		
. 1	f this production is commingled wi	th that from any other lease or pool		PC-219		
٧.	COMPLETION DATA	Cii Weli Gas Well	New Weil Workover Deepen	Plug Back Same Resty, Diff, Resty,		
Ì	Designate Type of Completic		Joepen Joepen	Find Buck State Nessy. Diff. Nessy.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	No Change					
	Pocl	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			·			
ļ	Perforations			Depth Casing Shoe		
-						
-			ID CEMENTING RECORD			
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
}			i			
-						
ŀ			L .			
v. '	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-					
	OIL WELL	able for this d	epth or be for full 24 hours)			
	Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	ft, etc.)		
Ļ	No Change	I Tuhing Desgree	Cooley Davis			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
-	Actual Prod. During Test	Oll-Bbis.	Water - Bbls.	Gas - MCF		
				2 - MC1		

Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)	
No Change	!			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oll-Bbls.	Water - Bbls.	Gas - MCF	

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

-	
Derce V. Kicker	
(Signature)	
District Prod. & Drlg. Supt.	
(Title)	
2 12 20	

3-13-79

OIL CONSERVATION COMMISSION

APPRO	/ EG	APR 1	L 1979	7	19
BY	Len	31/	ek for		
TITLE	N, OLA	VIST I		August ga	

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 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.