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	GAS	
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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 R. L. Brunson		Well No. 1	Pool Name, Including Formation Blinebry Oil	Kind of Lease State, Federal or Fee Fee	Lease No.
Location					
Unit Letter J ; 2310 Feet From The South Line and 2310 Feet From The East					
Line of Section 4 Township 22S Range 37E , NMPM, Lea County					

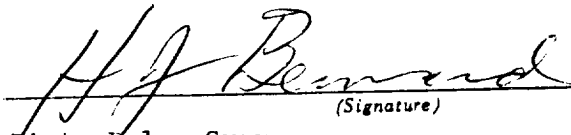
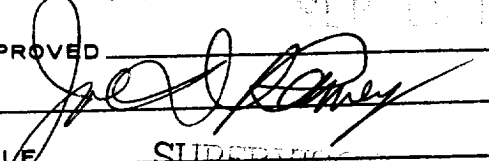
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation				P. O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corporation				P. O. Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 4	Twp. 22S	Rge. 37E	Is gas actually connected? When Yes 9/9/74

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 started commenced opr 8/28/74	Date Compl. Ready to Prod. 9/7/74		Total Depth 6580'		P.B.T.D. 5930'				
Elevations (DF, RKB, RT, GR, etc.) 3440' GR	Name of Producing Formation Blinebry Oil		Top Oil/Gas Pay 5550'		Tubing Depth 5490'				
Perforations 5550, 70, 84, 5600, 12, 23, 40, 52, 80, 88, 5703, 25, 33, 50, 60, 72, 90, 5812, 5825, 5840'					Depth Casing Shoe 6570'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
No change in casing									
		2-3/8" OD		5490'					

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 7/3/74	Date of Test 9/14/74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 420#	Casing Pressure	Choke Size 16/64"
Actual Prod. During Test 87 bbls	Oil-Bbls. 45	Water-Bbls. 42	Gas-MCF 721

GAS WELL			
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 	
Dist. Dir. Supv.		TITLE SUPERVISOR DISTRICT I	
(Title)		This form is to be filed in compliance with RULE 111.	
September 17, 1974		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.	
(Date)		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.	