NO. OF COPIES REC	EIVED			
DISTRIBUTION				
SANTA FE		-		
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
THANSFORTER	GAS			
OPERATOR				
PRORATION OF	ICE			
Operator				
Atlant:	ic Ric	hfi	iel	
Address				
P. O. 1	Box 19	978	, R	
Reason(s) for filing	(Check p	roper	box	
New Well				

November 3, 1972

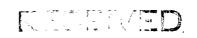
(Date)

	SANTA FE	,	FOR ALLOWABLE	Supersedes Old C-104 and C-11		
	FILE	(12023)	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	LGAS		
	LAND OFFICE		THE SET OF THE PART OF THE	L OAG		
	TRANSPORTER OIL]				
	GAS					
	OPERATOR					
I.	PRORATION OFFICE					
	Operator			•		
	Atlantic Richfiel	d Company				
	ddress					
		oswell, New Mexico 8820				
	Reason(s) for filing (Check proper box		•	Recomplete Drinkard Oil w/		
	New We!!	Change in Transporter of:		ry Gas (dual completion		
	Recompletion X	Oil Dry Go	= 0.40. 10. 50	74)		
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name					
	and address of previous owner					
			~			
II.	DESCRIPTION OF WELL AND	LEASE Dual w/Blinebry Well No. Pool Name, Including F		200		
	R. L. Brunson	7 Drinkard	State, red	leral or Fee Fee		
	Location	_				
	Unit Letter 0; 70	O Feet From The South Lir	ne and 2125 Feet Fro	om The East		
		000	200	T 0.0		
	Line of Section 4 Tov	wnship 22S Range	37E , NMPM,	Lea County		
III.	DESIGNATION OF TRANSPORT					
	Name of Authorized Transporter of Oil			proved copy of this form is to be sent)		
	Texas New Mexico Pipe		Box 1510, Midland, T			
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas		proved copy of this form is to be sent)		
	Warren Petroleum Corp		Box 1589, Tulsa, Okl			
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When		
	give location of tanks.	0 4 22S 37E	Yes	11-2-72		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	PC-64		
IV.	COMPLETION DATA					
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completion	$\operatorname{On} = (X)$ (X)	1	(X) (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	10-30-72	11-1-72	65551	6409'		
	, , , , , , , , , , , , , , , , , , , ,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3425 GR.	Drinkard	6334	6276.91'		
		41, 46, 47, 53, 54, 59	, 64, 65, 67, 72, 76,			
	84, 86.5', 90, 95, & 6396					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	171"	13-3/8" OD	290 '	Circ. w/300 sks		
	11 "	8-5/8" OD	2805'	1000 sks		
	7-7/8"	5-1/2" OD	6555	500 sks		
			<u> </u>	i		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-		
	OIL WELL	able for this de	epth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	i lift, etc.)		
	11-1-72	11-3-72	Fløw			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Shee		
	24 hours	60#	Pkr.	32/64		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
	17	17	0	649		
	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 COMPLIANO	CE	DIL CONSER	VATION 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.		NOV	7 1 979		
			APPROVED 19			
			en men de Distriction			
			TITLE SUPERMISON DIMERICIN			
	•					
	D. L. Stackelford		This form is to be filed in compliance with RULE 1104.			
- N. L. THACKIETE		respore				
	(Signa	Clowk	tests taken on the well in ac	cordance with RULE 111.		
	Sr. ^ccounting		All sections of this form	must be filled out completely for allow-		
(Title)			able on new and recompleted	Wells.		

able 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



0 1072

OIL CONSERVATION COMM. HOLLS, N. M.