	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE I RANSPORTER OIL	REQUEST	CONSERVATION COMM ON FFOR ALLOWABLE AND CANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS	
I	GAS OPERATOR PRORATION OFFICE				
•	Operator Atlantic Richfi	Atlantic Richfield Company			
	Address	······	· · · · · · · · · · · · · · · · · · ·		
	Reason(s) for filing (Check proper box New Well Recompletion X Change in Ownership	Change in Transporter of: Oil Dry G	Other (Please explain)		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL ()	Vell No. Pool Name, Including F	Formation Kind of Lea		
	Ollie J. Boyd	2 Tubb Gas	State, Fede	Eccot	
	Location Unit Letter D : 33	OFeet From TheNorthLin	ne and Feet From	West	
		wnship 22-S Range	37-Е , NMPM,		
	·			Lea County	
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	AS Address (Give address to which appr	oved copy of this form is to be sent)	
	Texas-New Mexico Pipel Name of Authorized Transporter of Ca		P. O. Box 1510, Midla Address (Give address to which appr	nd, Texas 79701 oved copy of this form is to be sent)	
•	El Paso Natural Gas Co	ompany	P. O. Box 1384, Jal.	New Mexico 88252	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. D 23 225 37E	Is gas actually connected? W NO	4-2-71	
	-	th that from any other lease or pool,	· • • · · · · · · · · · · · · · · · · ·	<u> </u>	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
•	Designate Type of Completing	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	10-16-36	3-18-71	6460	6250	
	Elurations (DF, CKB, RT, UK, etc.) 3339 GR	Name of Producing Formation Tubb	Top Oil/Gas Pay 6010	Tubing Depth 5965	
	Perforations		- k	Depth Casing Shoe	
	6010-24, 6055-6	35 & 6082-92 with 1 JSPF TUBING, CASING, AND	D CEMENTING RECORD	6460	
	HOLE SIZE	CASING & TUBING SIZE	<u> </u>	SACKS CEMENT	
	$\frac{18\frac{1}{2}^{"}}{10^{"}}$	$\frac{15\frac{1}{2}''}{8\frac{1}{4}''}$	1109	200	
	<u>8</u> ¹ ^{''}	7"	3455	100	
v	64"	$\frac{5''}{23/8''}$	6460 5965	200 Tubing	
•••	TUDING TOTALOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours) Date First New Oil Run To Tanks [Date of Test] Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run 16 Janks		Producing Method (r 1000, pump, gas 1	iji, etc.j	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
			· · · · · · · · · · · · · · · · · · ·		
	GAS WELL				
	Actual Prod. Test-MCF/D 747	Length of Test 4	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
[back pr.	1600	packer		
V1.	CERTIFICATE OF COMPLIANC	ΣE.	ARREN ARREN	ation commission $9.4.1972$	
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	APPROVED JAIN JAIN, 19 BY John W. Winstan THLE This form is to be filed in compliance with RULE 1104.		
	B. C. Jenkin				
-	(Signature) Auth. Drilling Clerk (Title) 3-31-71		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 allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,		
-					
-	(Dat	e)	well name or number, or transport	ter, or other such change of condition. t be filed for each pool in multiply	
		,	-> Debatate Loture C-104 M08	more for each poor memory	

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