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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMM JN  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

I. Operator  
Atlantic Richfield Company

Address  
P. O. Box 1978, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
FLARED 9/1/73  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Annie L. Christmas	Well No. 4	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>17</u> Twp. <u>22-S</u> Rge. <u>37-E</u> Is gas actually connected? <u>No</u> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 5-15-73	Date Compl. Ready to Prod. 6-21-73	Total Depth 6697'	P.B.T.D. 6672'
Elevations (DF, RKB, RT, GR, etc.) 3397' DF	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6370'	Tubing Depth 6625.80'
Perforations 6370, 80, 88, 6404, 14, 22, 67, 73, 6507, 15, 24, 38, 52, 56, 73, 80, 92, 6628, 31, 33 & 6637'	Depth Casing Shoe 5452.63'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 9-5/8"	DEPTH SET 1148'	SACKS CEMENT 460 sx
8-3/4"	7"	5452.63'	375 sx
6-1/4"	4-1/2" liner	6696'	210 sx
	2-7/8" tbg	6625.80'	

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 6-21-73	Date of Test 7-11-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure Pkr	Choke Size
Actual Prod. During Test 274	Oil-Bbls. 117	Water-Bbls. 157	Gas-MCF Not msd

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

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.

D. L. Shackelford  
(Signature)  
Administrative Supervisor  
July 16, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY J. H. H. H. H.  
TITLE \_\_\_\_\_

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

INCLINATION REPORT

Annie L. Christmas Well No. 4

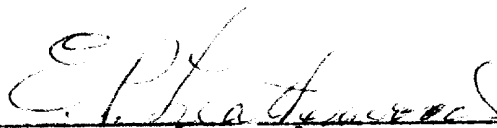
OPERATOR: Atlantic Richfield Company  
P. O. Box 1978  
Roswell, New Mexico 88201

LEASE NAME & NO: Annie L. Christmas Well No. 4

LOCATION: Lea County, New Mexico

DEPTH	INCLINATION
434	1/2
680	3/4
920	3/4
1159	3/4
1623	1
1851	1 1/2
2162	2
2470	2 1/4
2580	2
2912	1 1/4
3285	1
3784	1/2
3903	1/2
4409	3/4
5453	1 3/4
5925	1/2
6350	3/4
6650	1/2

I, E. P. Leatherwood, President of Leatherwood Drilling Company, being first duly sworn on oath state that I have knowledge of the facts and matter herein set forth and that the same are true and correct.

  
\_\_\_\_\_  
E. P. Leatherwood

SUBSCRIBED AND SWORN TO before me this 26th day of June, 1973.

  
\_\_\_\_\_  
Notary Public, Winkler County, Texas

(Seal)

