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W MEXICO OIL CONSERVATION COMMISSIC Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Atlantic Richfield Company Address Box 1710, Hobbs, New Mexico 88240 Other (Please explain) Reason(s) for filing (Check proper box) X Change in Transporter of: New Well Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner Lease Name Well No. Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee A-2614 State 22 Jalmat Yates Gas McDonald WN State Location ; 990 Feet From The North Line and 660 East Feet From The Unit Letter Lea County , NMPM. 36E Line of Section 26 22S Range Township I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Name of Authorized Transporter of Casinghead Gas Jal, New Mexico 88252 El Paso Natural Gas Company Is gas actually connected? Twp. Rae. Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Res'v. Diff. Res'v. Workover New Well Ggs Well Designate Type of Completion - (X) X Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 3550' 4/1/74 3600' 3/8/74 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 3172' 3120' 3474' GR Jalmat Yates Gas Depth Casing Shoe 3172, 78, 90, 96, 3200, 05, 09, 15, 19, 26, 34, 90, 94 Perforations 35991 97 & 3300' = 15 holes TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT DEPTH SET HOLE SIZE 439' 225 sx circ. 10-1/2" 7 - 5/84-1/2" 300 sx. 3599' 6-3/4" 3120' 2 - 3/8V. 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 allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water-Bbls. QU. Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 24 hrs 452 Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 1/2" pkr 125# back pr. QIL CONSERVATION COMMISSION

VI. CERTIFICATE OF COMPLIANCE

4/9/74

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.

Sr. Acctg. Clerk

(Title)

(Date)

This form is to be filed in compliance with RULE 1104.

APPROVED

TITLE .

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, 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.

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HORRS N. W.