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	OPERATOR				7		
	PRORATION OFFICE				1		
İ	Operator Atlantic Richfield Compan						
	P. O. Box 1710, Hobbs, Ne						
	Reason(s) for filing (Check proper box)						
	New Well					Char	
	Recompletion					Oil	
	Change in Ownership					Casi	
If change of ownership give name and address of previous owner							
í.	. DESCRIPTION OF WELL AND LEASE						

NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-116 Effective 1-1-65 REQUEST FOR ALLOWABLE AND ITHORIZATION TO TRANSPORT OIL AND NATURAL GAS 88240 w Mexico Other (Please explain) Dry Gas nahead Gas Condensate Well No. Pool Name, Including Formation Kind of Lease Lease Name Langley Deep Wildcat-Ellenburger State, Federal or Fee Federal Location 990 Feet From The North $_{\rm Line~and}$ $_{\rm 2310}$ West Feet From The Unit Letter 28 22S 36E Lea NMPM. Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77701

Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company Jal, New Mexico Sec. When Unit Twp. Rge. Is gas actually connected? If well produces oil or liquids, С 28 **22S** 36E Yes 4-6-78 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Total Depth P.B.T.D. Date Compl. Ready to Prod. 11-10-77 4-7-78 15,671' 15,590' Name of Producing Formation Top Oil/Gas Pay Tubing Depth 15,329' Ellenburger 15,280' Perforations 15,329, 36, 47, 52, 57, 64, 72, 76, 81, 85, 91, 96' Depth Casing Shoe 15,670' 15,442, 47, 51, 54, 62, 65, 69, 73, 76, 81, 85, 89, 93, 98, 15,503,12,18,22,27,15,531' TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT 1425' 175 1020 9-5/8" OD 12坛 6200 799 15,670' 8-3/4" 2550 OD 2-7/8" OD 15,280' (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 nours) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Oil-Bbls. Water - Bbls. Gas - MCF Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 59.5° 4-1/2 hrs. 10.8 CAOF 63 Testing Method (pitot, back pr.) Casing Pressure Choke Size Tubing Pressure 64/64" 3528 psig Pkr 4 pt. back pr. OIL CONSERVATION COMMISSION APPROVED 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. 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

VI. CERTIFICATE OF COMPLIANCE

D. L. Shackelford Accountant I

4-26-78

(Date)

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 Sections I, II, III, and VI only 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

OIL CONSERVATION COMM.