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

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

Form C-104
Supersedes Old C-104 and C-111
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)
Change in lease name from Toby WN
effective 7-1-72
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Toby Gas WN	Well No. 1	Pool Name, including Formation Jalmat Yates Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line of Section 12 Township 24S Range 36E , N.M.P.M., Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
					Yes	3-1-56

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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	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.

Al. L. Arnold
(Signature)

Sr. Accounting Clerk

(Title)

August 2, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 7 1972

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BY

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.

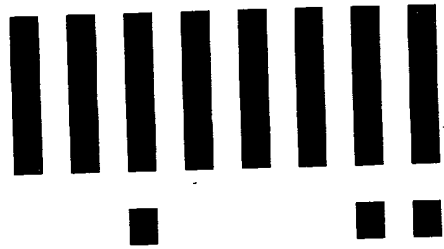
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

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AUG 14 1974

OIL CONSERVATION COMM.
HUBBS, W. H.



LTR



Job separation sheet

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER PRODUCTION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		FORM C-110 (Rev. 7-60)
		Hobbs, New Mexico Nov 26 1 12 PM '63		O.C.C.
FILE THE ORIGINAL AND COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator Sinclair Oil & Gas Company			Lease Toby WN	Well No. 1
Unit Letter P	Section 12	Township 24	Range 36	County Lea
Pool Langlie-Mattix			Kind of Lease (State, Fed, Fee) Patented	
If well produces oil or condensate give location of tanks		Unit Letter P	Section 12	Township 24
				Range 36
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Shell Pipe Line Corporation			Address (give address to which approved copy of this form is to be sent) Hobbs, New Mexico	
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> El Paso Natural Gas Company		Date Connected Unknown	Address (give address to which approved copy of this form is to be sent) Jal, New Mexico	
If gas is not being sold, give reasons and also explain its present disposition:				
REASON(S) FOR FILING (please check proper box)				
New Well <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>				
Change in Transporter (check one) Other (explain below)				
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>				
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>				
Remarks Filed to show new ownership - Changed from Western Natural Gas Company to Sinclair Oil & Gas Company effective: Nov 13 1963 Formerly operated as the Toby Lease				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the _____ day of _____, 19____.				
OIL CONSERVATION COMMISSION		By _____		
Approved by _____		Title _____		
Title _____		Chief Divn. Clerk - (Prod. Dept.)		
Date _____		Company Sinclair Oil & Gas Company		
		Address 520 E. Broadway - Hobbs, New Mexico		