NO. OF COPIES HEC	EIVED	 I	
DISTRIBUTIO	ЭМ		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<u>L.</u> .	
	GAS	<u> </u>	
OPERATOR			
PRORATION OF			
Operator ARCO	Oil	and	Gas

		ONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS .
LAND OFFICE			
TRANSPORTER OIL			
GAS			•
OPERATOR			:
PRORATION OFFICE	<u> </u>		
Operator ARCO Oil and Ga			
Division of Atl	antic Richfield Company		
Address			`
P. O. Box 1710,	Hobbs, New Mexico 8824)	
Reason(s) for filing (Check proper box	:)	Other (Please explain)	
New Well	Change in Transporter of:	Change in Operat	or Name
Recompletion	Ott Dry Ga	=	79
Change in Ownership	Casinghead Gas Conder	sate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE	•	•
Lease Name	Well No. Pool Na	ne, Including Formation	Kind of Lease
C.W. Toby WN GAS	Com 2 JAIN	at Yates GAS	State, Federal or Fee Fee
Location		777.03	
	n	//^	
Unit Letter A : 60	Feet From The North Lin	e and 660 Feet From 1	The <u>E HS /</u>
	waship 245 Range 3	/ F	LeA . County
Line of Section 13 , To	waship 245 Range 3	6E, NMPM,	County
Name of Authorized Transporter of Ol	TER OF OIL AND NATURAL GA	S Address (Give address to which approx	and come of this form is to be seen
Name of Authorized Transporter of Or	o: Condensate	Address (Othe Maniess to which approx	bed copy of this form is to be sent)
	<u> </u>		
Name of Authorized Transporter of Ca		Address (Give address to which approx	•
El PASO NATURAL	GAS COMPANY	PO. BOX 1384 JA/ Is gas actually connected? Whe	N.M.
If well produces oil or liquids,	Unit Sec. Twp. Ege.	1 :	
give location of tanks.	<u> </u>	Ves L	en Knew N
If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:	
	•		
COMPLETION DATA			
COMPLETION DATA	Oli Well Gas Well		Plug Back Same Res'v. Diff. Res'v.
			Plug Back Same Res'v. Diff. Res'v.
COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	on – (X)	New Well Workover Deepen	1 1
Designate Type of Completi	on – (X)	New Well Workover Deepen	1 1
Designate Type of Completi Date Spudded No Change	on — (X) Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.
Designate Type of Completi Date Spudded No Change	on — (X) Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.
Designate Type of Completi Date Spudded No Change Pool	on — (X) Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D. Tubing Depth
Designate Type of Completi Date Spudded No Change Pool	Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top O!!/Gas Pay	P.B.T.D. Tubing Depth
Designate Type of Completi Date Spudded No Change Pool Perforations	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND	New Well Workover Deepen Total Depth Top O!!/Gas Pay CEMENTING RECORD	P.B.T.D. Tubing Depth Depth Casing Shoe
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Designate Type of Completi Date Spudded No Change Pool Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks No Change Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure	Total Depth Total Depth Top O!!/Gas Pay CEMENTING RECORD DEPTH SET (ter recovery of total volume of load oil opth or be for full 24 hours) Producing Method (Flow, pump, gas li) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT and must be equal to or exceed top allow- (t, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size
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District Prod. & Drlg. Supt.

(Tille) 3-8-79

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 !!!.

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.