| | | - | | | | | |
|---|--|--|---|--|--|--|--|
| DISTRIBUTION | | DNSERVATION COMMISSION | Form C-104 Supersedes Old C-104 and C-11 | | | | |
| FILE U.S.G.S. | | REQUEST FOR ALLOWABLE Supersedes AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
| TRANSPORTER OIL GAS | | | | | | | |
| OPERATOR PRORATION OFFICE Cperator ARCO Oil and Ga | s Company - | · | | | | | |
| Address | antic Richfield Company | , | | | | | |
| P. O. Box 1710, Reason(s) for filing (Check proper box New Well Recompletion | 110000, 110 | Other (Please explain) Change in Oper | | | | | |
| Change in Ownership | Casinghead Gas Conden: | sate | | | | | |
| and address of previous owner | | | | | | | |
| Lease Name Lease Name Location | "A"WN / Jal | ne, Including Formation mat yates Gas | Kind of Lease State, Federal or Fee Fee | | | | |
| 20 | BO Feet From The KOULA Line | $e \operatorname{cnd} \underline{330}$ Feet From $7E$, NMPM, | om The <u>Cast</u> dea County | | | | |
| | TER OF OIL AND NATURAL GA | S st | | | | | |
| Name of Authorized Transporter of O | il or Condensate | Address (Give address to which ap | proved copy of this form is to be sent) | | | | |
| Name of Authorized Transporter of C | asinghead Gas 🗋 or Dry Gas 👔 | P.O. Box 1384. 4 | proved copy of this form is to be sent) A, H. M. | | | | |
| If well produces oil or liquids, give location of tanks, | Unit Sec. Twp. Rge. | Is gas actually connected? | Unknown | | | | |
| If this production is commingled w . <u>COMPLETION DATA</u> | vith that from any other lease or pool, | give commingling order number: | Plug Back ¹ Same Res'v. Diff. Res' | | | | |
| Designate Type of Complet | ion – (X) | | P.B.T.D. | | | | |
| Dote Spudded No Change | Date Compl. Ready to Prod. | Total Depth | Tubing Depth | | | | |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Depth Casing Shoe | | | | |
| Perforations | | CEMENTING RECORD | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| | | | | | | | |
| V. TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be a | fter recovery of total volume of load | oil and must be equal to or exceed top allo | | | | |
| OIL WELL Date First New Oil Run To Tanks | able for this de | pth or be for full 24 hours) Producing Method (Flow, pump, go | | | | | |
| No Change | 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 | Casing Pressure | Choke Size | | | | |
| A CERTIFICATE OF COMPLIA | NCE | OIL CONSEP | R 1-1979 | | | | |
| Commission have been complied | d regulations of the Oil Conservation i with and that the information given the best of my knowledge and belief. | BY | erton | | | | |
| | MARS & CANT | тіт_ | | | | | |
| Durge V. K | ignature) | If this is a request for a | in compliance with RULE 1104. allowable for a newly drilled or deepen ompanied by a tabulation of the deviation | | | | |
| District Prod. & Drl | - | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo able on new and recompleted wells. | | | | | |
| 3 8 79 | (Date) | Fill out Sections I, II, well name or number, or tran | III, and VI only for changes of own sporter, or other such change of conditi- must be filed for each pool in multi- | | | | |
| | 1 | Separate Forms C-104 completed wells. | must be mild for call poor miniate | | | | |

| vellr | name or i | number, | or tran | spone | 1, 01 | ounci | 344 | | | | |
|-------|-----------|---------|---------------|-------|-------|-------|-----|------|------|-------|---|
| S | Separate | Forms | C-1 04 | must | be | filed | for | each | pool | in mu | L |
| ompl | leted we | lls. | | | | | | | | | |

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