

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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-11
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)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE dual w/Langlie Mattix Queen

Lease Name Cooper WN	Well No. 3	Pool Name, including Formation Jalmat Yates	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>24S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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.	Rge.	Is gas actually connected? When
					Yes June 6, 1973

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.
		X	X					
Date Spudded March 30, 1973	Date Compl. Ready to Prod. April 20, 1973	Total Depth 3630'		P.B.T.D. 3622'				
Elevations (DF, RKB, RT, GR, etc.) 3339' DF	Name of Producing Formation Jalmat Yates		Top Oil/Gas Pay 2931'		Tubing Depth Prod. Tbg-Csg Annulus			
Perforations 2931, 42, 53, 72, 84, 3004, 3012, 28, 36, 50, 61, 3112, 22, 28, 80, 3190, 3343, 74, 80, 3400'.						Depth Casing Shoe 3630'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9-5/8" OD		429.39'		250 sks. Circ.			
8-3/4"	7" OD		3630'		500 sks			

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

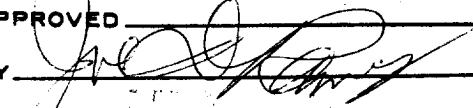
Actual Prod. Test-MCF/D 720	Length of Test 24 hours	Bble. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (shut-in) 300#	Casing Pressure (shut-in) 100#	Choke Size 1/2"

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.


 Administrative Supervisor
 (Title)
 June 19, 1973
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 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