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SANTA FE		
FILE		
U.\$.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

LEW MEXICO OIL CONSERVATION COMMISSIO.

Form C-104

-	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110
	FILE		AND	Effective 1-1-65
Ī	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	L GAS
	LAND OFFICE			•
Ì	TRANSPORTER OIL			
ļ	GAS			
_ }	PRORATION OFFICE			
1.	Operator			
	ATLANTIC RICHFIELD COMP	ANY		
ŀ	Address			
	P.O. Box 1710, Hobbs, N	ew Mexico 88240		
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry G	Gas 🔲	
	Change in Ownership	· Casinghead Gas Conde	ensate 🔲	
,			•	
	If change of ownership give name and address of previous owner			
u.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including I	[
	G.W. Toby WN Gas Com.	4 Jalmat Yates	Gas State, Fe	ederal or Fee Fee
	Location			·
	Unit Letter I ; 1880	Feet From The South Li	ine and 760 Feet F	rom The <u>East</u>
	Line of Section 12 Tov	vnship 24S Range	36E , NMPM,	Lea County
111 .	DESIGNATION OF TRANSPORT	rer of OIL AND NATURAL G	AS Address (Give address to which a	pproved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas (V) Address (Give address to which approved copy of this f				inproved copy of this form is to be sent)
	Name of Authorized Transporter of Cas			pp. 6562 copy of this ferming to be com,
	El Paso Natural Gas Com		Jal, New Mexico Is gas actually connected?	When
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		
	give location of tanks.	<u>i </u>	No No	Approx. 5-29-75
	If this production is commingled with	th that from any other lease or pool	l, give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Resty, Diff. Resty.
	Designate Type of Completic		X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	4-26-75	5-15-75	3550'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			2045!	3378'
	Perforations 2945, 53, 62, 68, 8	Yates Gas 3,91,99,3004,19,26,43,4	19,68,76,3121,26,37,43,	Depth Casing Shoe
	48,3201,06,3360,65,90,9	5,3401'.		3550 '
TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11000011		8- 5/8"OD	411'	260 sx (Circ to Surf)
	7-7/8"	4- ½" OD	355 1 '	300sx
	- - / 0			
V.		OR ALLOWABLE (Test must be able for this	after recovery of total volume of loa depth or be for full 24 hours)	d oil and must be equal to or exceed top allow-
		Producing Method (Flow, pump,	as lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	1		•	
	GAS WELL			Towns of Garden and
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	300	24 hrs	100000	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 790 #	36/64"
	Back pr.	290#	1 <i>3</i> ∪ <i>π</i>	JU/ U T

VI. CERTIFICATE OF COMPLIANCE

Back pr.

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.

Accountant I (Title)

5-27-75

(Date)

NSERVATION COMMISSION

62 / C 2				
APPROVED	-1			
BY Comu	Turyan			
5 T				

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.

Segretar Forms C-134 must be filed for each pool in multiply