NO. OF CORIES RECEIVED					
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	G-AS				
OPERATOR		Ţ			

III.

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR	. REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	Cherotor ARCO Oil and Gas	Company -	,				
	Division of Atlantic Richfield Company						
	Address P. O. Box 1710.	Hobbs, New Mexico 88240	0				
	Reason(s) for filing (Check proper box)  Other (Please explain)						
	New Well	Change in Transporter of: Oil Dry Gas	Change in Operato effective: 4-1-7	ı			
	Recompletion OII Dry Gas CITCOTTO. 12 10  Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND LEASE							
11.	Lease Name	Well No. Pool Nan	me, Including Formation	Kind of Lease			
	W.H. Harrison [	>"WN Com I Go	Umat	State, Federal or Fee for			
	Unit Letter L: 1980 Feet From The South Line and 660 Feet From The West						
	Onit Letter						
	Line of Section 29 , Tou	wnship 245 Range	37E , NMFM,	County			
HI.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to whigh approve	ed copy of this form is to be sent)			
	50 Page Waterel	Han Company	Box 1384 C/al NM	1 88252			
	If well produces oil or liquids,	Unit Sec. wp.	Is gas actually connected? When	2-8-65			
	give location of tanks.		yes	9-8-65			
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:				
Designate Type of Completion - (X)  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v. Diff. Res'							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	No Change						
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	Periorditions						
		TUBING, CASING, ANI	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
		COD ALL OWARY E	for an experience of load oil a	and must be equal to or exceed top allow-			
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.)						
	No Change	Tubing Pressure	Casing Pressure	Choke Size			
				0 1107			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
	(6,000)						
VI. CERTIFICATE OF COMPLIANCE  OIL CONSERVATION COMMISSION  APR 1 0 1979							
	I hereby certify that the rules and	regulations of the Oil Conservation, with and that, the information given	APPROVED	DV FO			
Commission have been complied with and trial the information given above is true and complete to the best of the without of the best of th			* BY Shrift	BY Jeffan			
•	4 Dy WILLIAM		TITLE  This form is to be filed in compliance with RULE 1104.				
	X levre V. K.	12/22 my mary	I wall this form must be accompan	able for a newly drilled or deepened nied by a tabulation of the deviation			
	Sig Prod & Drig	Sunt	tests taken on the well in accor	dance with RULE 111.			

(Title)

(Date)

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.

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

## RECEIVED

MAR 1 4 1979

CIL COMMANDERVATION COMM.