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TRANSPORTER	OIL	
	GAS	
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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-110  
Effective 1-1-65

Operator <b>Atlantic Richfield Company</b>	
Address <b>P. O. Box 1710, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Wimberly WN</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Justis Tubb Drinkard</b>	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter <b>C</b>	<b>660</b>	Feet From The <b>North</b> Line and	<b>1980</b>	Feet From The <b>West</b>
Line of Section <b>24</b>	Township <b>25S</b>	Range <b>37E</b>	NMPM,	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Texas-New Mexico Pipeline</b>	<b>Box 1510, Midland, Texas 79702</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Co.</b>	<b>Jal, New Mexico 88252</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>D</b>	<b>24</b>	<b>25S</b>	<b>37E</b>	<b>Yes</b>	<b>7/10/77</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date <del>XXXXXX</del> W.O. commenced <b>7/4/77</b>	Date Compl. Ready to Prod. <b>7/10/77</b>		Total Depth <b>8235'</b>		P.B.T.D. <b>6710'</b>			
Pool <b>Justis</b>	Name of Producing Formation <b>Tubb Drkd</b>		Top Oil/Gas Pay <b>5698'</b>		Tubing Depth <b>6053'</b>			
Perforations <b>5698-6043'</b>					Depth Casing Shoe <b>8235'</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No change in casing	<b>2-3/8" OD</b>	<b>6053'</b>	

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 <b>7/10/77</b>	Date of Test <b>7/23/77</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>66 bbls</b>	Oil-Bbls. <b>25</b>	Water-Bbls. <b>41</b>	Gas-MCF <b>290</b>

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

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.

<b>A. L. Shackelford</b> (Signature)
Accountant I (Title)
<b>7/27/77</b> (Date)

OIL CONSERVATION COMMISSION

APPROVED	<b>7/28/77</b>	, 19
BY	<b>Jerry L. S. [Signature]</b>	
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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

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OIL CONSERVATION COMM.  
HOBBS, N. M.