DISTRIBUTION SANTA FE FILE			EW MEXIC	OO OIL
U.S.G.S. LAND OFFICE IRANSPORTER OIL		AUTHORI	ZATION	ΤΟ ΤΙ
OPERATOR PRORATION OFFICE Operator		****		
Atlantic Richfield	Compai	ny		
P. O. Box 1710, Hol	bbs, Ne	ew Mexic	o 8824	10
New Well Recompletion Change in Ownership	c C	Change in Transporter of: Oil Dry Casinghead Gas Cons		
If change of ownership give name and address of previous owner	9			
DESCRIPTION OF WELL AN	D LEAS	E		
Lease Name Wimberly WN			Well No.	Poel N Jus
Location Unit Letter C ;	560	Feet From Tl	ne_North	
Line of Section 24	Fownship	25 S		inge
DESIGNATION OF TRANSPO Name of Authorized Transporter of C Texas New Mexico Pipe Name of Authorized Transporter of C El Paso Natural Gas (on X Casinghead Company	or Conde Company I Gas X	or Dry Gas	
If well produces oil or liquids, give location of tanks.	Unit	Sec. 24	Twp. 25S	Rge. 37E
this production is commingled v	with that	from any ot	her lease	or pool
Designate Type of Complete	tion - (X	() O11 We	∍ll Ga:	s Well
Date Spudded	Date (Date Compl. Ready to Prod.		
Pool	Name	of Producing	Formation	
Perforations				,,
		TUBI	NG, CASIN	IG. AN
HOLE SIZE		ASING & T		
				
EST DATA AND REQUEST IL WELL ate First New Oil Run To Tanks	FOR AL		(Test m able fo	
ength of Test		Pressure		
ctual Prod. During Test	Cil-Bi			
ectad Flod. During Fest	U::-Br	.is.		
AS WELL	Length	of Test		
esting Method (pitot, back pr.)	Tubing	Pressure		
ERTIFICATE OF COMPLIAN	CF			
hereby certify that the rules and ommission have been complied love is true and complete to th	regulatio	that the ir	formation	~

CONSERVATION COMMISS ST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATUR	RAL GAS		
LAND OFFICE	· ·				
TRANSPORTER GAS					
OPERATOR					
Operator					
Atlantic Richfield	Company				
P. 0. Box 1710, Hot	bbs, New Mexico 88240				
Reason(s) for filing (Check proper l		Other (Please explain	Please assign a 600 bbl		
New Well Recompletion X	Change in Transporter of:	Lesting allow	Other (Please explain) Please assign a 600 bbl. testing allowable for month of July, 1977		
Change in Ownership	Oil Dry G	to complete we	ell.		
If change of ownership give name					
and address of previous owner	,		•		
DESCRIPTION OF WELL AN	D LEASE				
Lease Name Wimberly WN		ame, Including Formation	Kind of Lease		
Location		tis Tubb Drinkard	State, Federal or Fee Fee		
Unit Letter C;	Feet From The North Li	ine andFeet :	From The West		
Line of Section 24	Township 25S Range	37E , NMPM,	Lea		
DESIGNATION OF TRANSPO	DEED OF OUR AND MARKING		County		
Name of Authorized Transporter of (As Address (Give address to which	approved copy of this form is to be sent)		
Texas New Mexico Pipe	eline Company	P. O. Box 1510, Mid	land, Texas 79702		
Name of Authorized Transporter of C El Paso Natural Gas (P. O. Box 1384, Jal	approved copy of this form is to be sent) Now Mayica 88252		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	ls gas actually connected?	When		
give location of tanks.	D 24 25S 37E	Yes	7-19-77		
COMPLETION DATA	with that from any other lease or pool,	give commingling order number	De-265		
Designate Type of Complet	$\operatorname{Coll} \operatorname{Well} = \operatorname{Gas} \operatorname{Well}$	New Well Workover Deepe	en Plug Back Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Pool	Name of Frank				
. 001	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
	TIIRING CASING AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			SHOW SEMENT		
TEST DATA AND REQUEST I DIL WELL	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load epth or be for full 24 hours)	d oil and must be equal to or exceed top allow-		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)		
Length of Test	Tubing Pressure				
Longin of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Off-Bbis.	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		
			Silve Size		
ERTIFICATE OF COMPLIAN	ICE	OIL CONSER	RVATION COMMISSION		
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROVED			
		TITLE CONTRACTOR			
•·	į	i t			
12 Sha	-kelferd		in compliance with RULE 1104.		
Accountant I		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.			
Accountant I (Title)		All sections of this form must be filled out completely for allow-			
7-21-77	to the control of the	able on new and recompleted Fill out Sections I, II,	I wells. III, and VI only for changes of owner.		
fD	ate)	well name or number or trans	norter or other such changes of sandtien		

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