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AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
RORATION 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-110
Effective 1-1-65

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

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Wimberly WN	Well No. 2	Pool Name, Including Formation Justis Montoya	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West				
Line of Section 24 Township 25S Range 37E , 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)					
Texas New Mexico Pipeline Company	Box 1510, Midland, Texas 79701					
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)					
El Paso Natural Gas Company	Box 1384, Jal, New Mexico 88252					
Well produces oil or liquids, give location of tanks.	Unit D	Sec. 24	Twp. 25S	Rge. 37E	Is gas actually connected? Yes	When 10/5/76

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
W.O. commenced 9/27/76	Date Compl. Ready to Prod. 10/5/76	Total Depth 8235'	P.B.T.D. 6919'					
Levations (DF, RKB, RT, GR, etc.) 3078' GR	Name of Producing Formation Montoya	Top Oil/Gas Pay 6851'	Tubing Depth 6884'					
Perforations 6851, 55, 63, 68, 71, 79, 86, 89, 93, 97, 6912, 6917'			Depth Casing Shoe 8235'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
No change in casing record	2-3/8" OD	6884'	

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 9/30/76	Date of Test 10/18/76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 136 bbls	Oil-Bbls. 13	Water-Bbls. 123	Gas-MCF 38

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

P. L. Shackelford
(Signature)
Accountant I
(Title)
10/20/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19____
BY [Signature]
TITLE [Signature]

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 multi-