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	DISTRIBUTION		CONSERVATION COMMISSION	
	SANTA FE		FOR ALLOWABLE	Form C-1(4 Supersedes Old C-104 and C-11
	FILE U.S.G.S.		AND	Effective 1-1-65
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GAS	
	IRANSPORTER OIL			
	GAS			
I.	PRORATION OFFICE			
	Operator ARCO Oil and Gas Company -			
	Division of Atlantic Richfield Company Address			
	P. O. Box 1710, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Recompletion	Change in Transporter of: Oil Dry Ge	Change in Operator	Name
	Change in Ownership	Oil Dry Go Casinghead Gas Conde		
	If change of ownership give name and address of previous owner			
		Ô.	0 10 +- 1.111	2.1.1
Ц.	DESCRIPTION OF WELL AND	Well No., Pool Na	me, including Formation, Kin	d of Lease
	Hal	3	atis Blinelery Sta	te, Federal or Fee Johnal
	Location			
	Unit Letter;	90 Feet From The North Lir	ne and 90 Feet From The	East
	Line of Section // , T	ownship 255 Bange 3	37 <i>E</i> , NMPM.	Left County
ш.	DESIGNATION OF TRANSPOR	ATER OF OIL AND NATURAL GA	Address (Give address to which approved co	new of this form is to be send
	Jedan new marin	ca hoiling Co	P. Rov 1510 midland	a Janan 19701
	Name of Authorized Transporter of C	asinghand Gas do or Dry Gas	Address (Give address to which approved co	opy of this form is to be sent)
	2 Paso natura	L Das Co.	P.O. Box 1384, Jal, N	m. 88252
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. B 11 25 37	Is gas actually connected? V When	-12-65
	If this production is commingled w	with that from any other lease or pool,		
IV.	COMPLETION DATA		· · · · · · · · · · · · · · · · · · ·	
	Designate Type of Complet	ion - (X)	New Weil Workover Deepen Plu	g Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth P.E	3.T.D.
	No Change			
	Pool ·	Name of Producing Formation	Top Oil/Gas Pay Tub	bing Depth
	Perforations	<u> </u>) Der	oth Casing Shoe
			CEMENTING RECORD	
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· · · · · · · · · · · · · · · · · · ·	
			<u>i</u>	
v.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc	.)
	No Change	Tubing Pressure	Casing Pressure Cho	he Stee
		I While Flessing		oke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis. Gas	s-MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gra	wity of Condensate
	- <u>-</u>		· · · · · · · · · · · · · · · · · · ·	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure Cho	oke Size
VI.	CERTIFICATE OF COMPLIAN		OIL CONSERVATIO	
	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.		AFR	
			APPROVED HI IV	, 19
			BY Derri jer	Kon
•			TITLE STATE	STRICT !
	M IN N			
	Durge V. Kicks		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly crilled or deepened	
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	District Prod. & Drlg. Supt. (Title)		All sections of this form must be filled out completely for allow-	
	3-8-79		able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner,	
		Date)	well name or number, or transporter, or	other such change of condition.
			Separate Forms C-104 must be	filed for each pool in multiply

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