LANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes and Crawford Craw Effective 1-1-65
FILE U.S.G.S.		AND NSPORT OIL AND NATURAL (
LAND OFFICE	AUTHORIZATION TO TRAP	ASPORT OIL AND NATURAL C	343
TRANSPORTER OIL			
GAS			
OPERATOR			
I. PRORATION OFFICE			
Atlantic Richfield Cor	npany		
Address			
P.O. Box 1710, Hobbs,	New Mexico 88240		
Reason(s) for filing (Check proper box) New Well	Change in Transporter cf:	Other (Please explain) Request 500 bbls	testing allowable during
Recompletion	Oil Dry Gas	the month of Apr	il, 1976. Remedial work
Change in Ownership	Casinghead Gas Condens	sate 🗌 is now in progre	ess & well is being tested
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND L	EASE		
Lease Name	Weil No. Pool Name, Including Fo		-
Jal	3 Justis-Tubb Dr	inkard State, Federa	n cr Fee Federal NM14217
Lecation	Mars th		- East
Unit Letter <u>A</u> ; <u>990</u>	Feet From The <u>North</u> Line	e and <u>990</u> Feet From	The Habe
Line of Section 11 Town	nship 25S Range	37E , NMFM,	Lea County
II. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)
Texas New Mexico Pipe		P.O. Box 1510. Midlar	
Name of Authorized Transporter of Cas	inghead Gas 🚺 of Dry Gas 🗍	Address (Give address to which appro	oved copy of this form is to be sent)
El Paso Natural Gas Co		Jal, New Mexico 882	252
If well produces oil or liquids, give location of tanks	Unit Sec. Twp. Rge. B 11 25S 37E	Is gas actually connected? Wh Yes	5-12-65
If this production is commingled with			MC1601
If this production is comminged with			
Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. Essty.
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Dute comp., neddy to riour		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Tep Cil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			Deptil Odstrig Slide
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	l		
V. TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas	
Date First New Cil Run To Tanks	Date of Test	Frondering worked (1 tolly planpy all	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas • MCF
l	<u> </u>		<u> </u>
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	, uping Pressure (Shut-in)		
VI. CERTIFICATE OF COMPLIAN		OIL CONSERV	ATION, COMMISSION
VI. CERTIFICATE OF COMPLIAN		H AT N	二年 过行的
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	9:gned by
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Orig. Signed by. Jerry Sexton	
		I Jerry TITLEDiat	1, Supe.
			n compliance with RULE 1104.
D.L. Shack	Kend	to all a second for all	omable for a newly drilled or deepene
(Sign	acture)	well, this form must be accom tests taken on the well in acc	nanied by a tabulation of the deviation
Accountant I		All eactions of this form t	must be filled out completely for allow
	itle)	able on new and recompleted	wells. II. III, and VI for changes of owner.
	ate)	well name or rumber, or transp	orter, or other such change of condition
(2		Separate Forms C-104 m completed wells.	ust be filed for each pool in multipl

. .

RECEIVED APF 13 1978 CIL CONSERVATION COMM. HOBBS, N. M.