

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Atlantic Richfield Company
Address
P. O. Box 1978, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Casinghead Gas MUST NOT BE
USED AFTER 6/18/72
USE AN EXCEPTION TO R-4070
OBTAINED.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. H. Harrison C WN	Well No. 5	Pool Name, including Formation Langlie Mattix-Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter K ; 1700' Feet From The South Line and 1680' Feet From The West Line of Section 20 Township 24S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 20	Twp. 24S	Pge. 37E	Is gas actually connected? No - Pending Connection	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-29-72	Date Compl. Ready to Prod. 4/8/72	Total Depth 3620'	P.B.T.D. 3571'					
Elevations (DF, RKB, RT, GR, etc., 3286' DF	Name of Producing Formation Queen	Top Oil/Gas Pay 3401	Tubing Depth 3532'					
Perforations 3401, 3403, 3405, 3416, 3451, 3454, 3480, 3483, 3488, 3501, 3518, 3520, 3523, 3545 & 3553	Depth Casing Shoe 3620'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 406.70'	SACKS CEMENT 240					
7 7/8	5 1/2	3620	250					
	2 3/8"	3534.54'						

V. 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 4/8/72	Date of Test 4/10/72	Producing Method (Flow, pump, gas lift, etc.) Swab & Flow	
Length of Test 8 hrs.	Tubing Pressure 10 #	Casing Pressure 10 #	Choke Size 2"
Actual Prod. During Test 102 BF	Oil - Bbls. 95	Water - Bbls. 7	Gas - MCF Not measured

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.

B C Jenkins
(Signature)

Auth. Drlg. Clerk
(Title)

April 13, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED *APR 17 1972*, 19

BY *[Signature]*

TITLE *SUPERVISOR DISTRICT I*

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 multiply