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TRANSPORTER	OIL		
	GAS		
OPERATOR			
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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 1978, Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain) Request testing allowable of approx. 90 bbls. oil for month of July 1973. Unsuccessful attempt to complete.	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input 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"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. H. McClure "A"	Well No. 22	Pool Name, Including Formation West Dollarhide Devonian	Kind of Lease State, Federal or Fee Federal	Lease No. LC067968
Location Unit Letter <u>G</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>1830</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>24S</u> Range <u>38E</u> , NMPM, <u>Lea</u> 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 3119, Midland, Texas 79701					
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 G	Sec. 30	Twp. 24S	Rge. 38E	Is gas actually connected? No	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

VI. 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.

A. L. Shackelford
(Signature)
Administrative Supervisor
(Title)
July 23, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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

~~RAILROAD COMMISSION OF TEXAS~~
OIL AND GAS DIVISION

Form W-12
(1-1-71)

INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		
1. FIELD NAME (as per RRC Records or Wildcat) WEST DOLLARHIDE	2. LEASE NAME J. H. McCLURE	6. RRC District
3. OPERATOR ATLANTIC RICHFIELD COMPANY		7. RRC Lease Number (Oil completions only)
4. ADDRESS P. O. BOX 1978, ROSWELL, NEW MEXICO 88201		8. Well Number A #22
5. LOCATION (Section, Block, and Survey) SECTION 30, T24S, R38E		9. RRC Identification Number (Gas completions only)
		10. County LEA COUNTY

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
0					
163	1.63	1/2	.87	1.42	1.42
410	2.47	1/4	.44	1.09	2.51
620	2.10	1/4	.44	.92	3.43
1,112	4.92	1/4	.44	2.16	5.59
1,600	4.88	1/4	.44	2.15	7.74
1,730	1.30	1/4	.44	.57	8.31
2,230	5.00	1	1.75	8.75	17.06
2,720	4.90	1-1/4	2.18	10.68	27.74
2,997	2.77	2	3.49	9.67	37.41
3,200	2.03	1-3/4	3.05	6.19	43.60
3,480	2.80	1-1/4	2.18	6.10	49.70
3,700	2.20	1-1/4	2.18	4.80	54.50
3,880	1.80	1-1/4	2.18	3.92	58.42
4,400	5.20	1	1.75	9.10	67.52
4,910	5.10	1-1/2	2.62	13.36	80.88

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☒ yes ☐ no
18. Accumulative total displacement of well bore at total depth of 8000 feet = 134.16 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line 1830 feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? NO
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION	OPERATOR CERTIFICATION
<p>I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.</p> <p><i>H. C. Sloan</i> _____ Signature of Authorized Representative</p> <p>H. C. SLOAN, TOOLPUSHER _____ Name of Person and Title (type or print)</p> <p>WARTON DRILLING COMPANY _____ Name of Company</p> <p>Telephone: <u>915</u> <u>337-8351</u> Area Code</p>	<p>I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.</p> <p><i>O. D. Bretches</i> _____ Signature of Authorized Representative</p> <p>O. D. Bretches, Dist. Drlg. Supervisor _____ Name of Person and Title (type or print)</p> <p>ATLANTIC RICHFIELD COMPANY _____ Operator</p> <p>P.O. Box 1978, Roswell, N.M. _____ Telephone:</p> <p align="center">Area Code</p>

~~SWORN & SUBSCRIBED TO BEFORE ME THIS 30th Day of March, 1973~~
 My Comm. Expires: 9-14-74
 Title: Lea County Clerk
 Date: 9-14-74
 Notary Public
 Chaves County, N.M.

* Designates items certified by company that conducted the inclination survey

RECORD OF INCLINATION (Continued from reverse side)

[illegible]

If additional space is needed, attach separate sheet and check here. ☐

REMARKS:

- INSTRUCTIONS -

An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule 11.

This report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion for the well. (except Plugging Report)

The Commission may require the submittal of the original charts, graphs, or discs, resulting from the surveys.