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	DISTRIBUTION	<u> </u>		_			
	SANTA FE		CONSERVATION COMMISSION	Form C-104			
			FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE	_	AND				
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	NS .			
	LAND OFFICE						
	TRANSPORTER OIL		•				
	GAS						
	OPERATOR						
	PRORATION OFFICE	_					
ı.	Operator ARCO Oil and Ga	is Company -					
	Division of Atlantic Richfield Company						
	Address						
	P. O. Box 1710, Hobbs, New Mexico 88240						
	Reason(s) for filing (Check proper bo		Other (Please explain)	- Vama			
	New Well	Change in Transporter of:	Change in Operato				
	Recompletion	Cil Dry Go	$\square$ effective: 4-1-7	9			
	Change in Ownership	Casinghead Gas Conde	nsate				
	If change of ownership give name						
	and address of previous owner						
IT	DESCRIPTION OF WELL AND	IFASE					
ıı.	Lease Name		ime Including Formation	Kind of Lease			
	Landa + 2	2 / Xane	Sie Matting 2R Que	State, Federal or Fee 200			
	Comenant &	3 Typrig	merriany in queen	132			
	Location	110 20. HV	1.65	11)a.t			
	Unit Letter;	060 Feet From The North Lis	ne and <u>660</u> Feet From Th	· West			
	10	9~0	9 ~ ~	$\mathscr{Q}$			
	Line of Section of de T	ownship 255 Range 3	NMPM,	Cea County			
П.	<b>DESIGNATION OF TRANSPOR</b>	RTER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of O		Address (Give address to which approve	d copy of this form is to be sent)			
	a Today noul Max	ca Liseline Co.	1. 1. Kov 1510. Midd	and Jen .			
	Name of Authorized Transporter of C		Address (Give address to which approve	d copy of this form is to be sent)			
	1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Por 12811 Cal	hand Mar			
	C Paso Jalur	al sas co.	DOC 1384, 700, 1	en or fax.			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected When	3-20-78			
	give location of tanks.	1 22 25 31	yes	3-20-10			
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:				
IV.	this production is commingled with that from any other lease or pool, give commingling order number:						
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Complet	ion - (X)		1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	No Change						
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	FGGI						
				Depth Casing Shoe			
	Perforations			Depth Casing blice			
		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
<b>4</b> 7	TEST 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						
٧.	OIL WELL  Test must be after recovery of total volume by total was be equal to or exceed top attom.  OIL WELL						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)			
		ł	Casing Pressure	Choke Size			
	No Change	Tubing Pressure					
	Length of Test	Tubing Pressure					
	Length of Test		Water Dhia	Cas-MCE			
		Tubing Pressure Oil-Bbls.	Water - Bbls.	Gas-MCF			
	Length of Test		Water - Bbls.	Gas - MCF			
	Length of Test		Water - Bbis.	Gas - MCF			
	Length of Test						
	Length of Test  Actual Prod. During Test		Water - Bbls.  Bbls. Condensate/MMCF	Gas-MCF  Gravity of Condensate			
	Length of Test  Actual Prod. During Test  GAS WELL	Off-Bbis.					
	Length of Test  Actual Prod. During Test  GAS WELL	Off-Bbis.					
	Length of Test  Actual Prod. During Test  GAS WELL  Actual Frod. Test-MCF/D	Oil-Bbis.  Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
₩.	Length of Test  Actual Prod. During Test  GAS WELL  Actual Frod. Test-MCF/D	Oti-Bbis.  Length of Test  Tubing Pressure	Bbls. Condensate/MMCF  Casing Pressure	Gravity of Condensate			

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.

Supt

(Title)

(Date)

& Drlg.

District Prod.

3-8-79

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 Sections I. II. III. and VI only 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 nieted wells.

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NO. OF COPIES RECEIVED					
DISTRIBUTION					
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IRANSPORTER	OIL				
THANSI ON ER	GAS				
OPERATOR					
PRORATION OFFICE					
Operator					

(Title)

(Date)

	DISTRIBUTION SANTA FE FILE		FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	SAS		
I.	Operator					
	Atlantic Richfield Company					
	P. O. Box 171	.0, Hobbs, New Mexico 882	240			
	Reason(s) for filing (Check proper bo		Other (Please explain)			
	New Well	Change in Transporter of:	Effective 5-3-7	R I		
	Recompletion Change in Ownership	Oil A Dry Go Casinghead Gas Conde				
	on-ngo an o masonap	33333		·		
	If change of ownership give name and address of previous owner					
**	DECORIBATION OF WELL AND	A FAGE				
щ.	DESCRIPTION OF WELL AND	Well No. Pool No	me, Including Formation	Kind of Lease		
	Lanehart 22	1 Lang	lie Mattix 7-Rivers Quee	State, Federal or Fee Fee		
	Location	660 Feet From The North Lir	660	West		
		Feet From TheLir	ne andFeet From '	The West		
	Line of Section 22	ownship 25S Range	37E , NMPM, Lea	County		
<b>777</b>	DESIGNATION OF TRANSPOL	TER OF OH AND NATURAL CA	NG.			
111.	Name of Authorized Transporter of C		Address (Give address to which approx	ved copy of this form is to be sent)		
	Texas New Mexico Pipel	<del>-</del>	Box 2528, Hobbs, New Men	•		
	Name of Authorized Transporter of C El Paso Natural Gas Co		Address (Give address to which appro- Box 1384, Ja1, New Mexic	,		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who			
	give location of tanks.	D 22 25S 37E	Yes	3-20-78		
	<u>-</u>	with that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Complet	ion - (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations Depth Casing Shoe					
		TUBING, CASING, AND	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST 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-					
	OIL WELL  able 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		
	notal from fost marry b	Estigni of Tob.	22131 Genasionate, miner	· Olavity of Solideribate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
			1			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION, COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		<b> </b>			
			BYOrig_Signed by  Jerry Scaton  TITLEDist 1, Supv.			
			1			
	D.L. Shackelford		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AU E 111.			
	Accountant I					

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

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OH CONSERVATION COMM. HOBBS, N. M.