NO. OF TER ES RESERVED DISTRIBUTION NEW MEXICO O'L CONSERVATION COVAL ON ちんハブム デモ REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASR ECEIVED LAND OFFICE OIL TRANSPORTER GAS SEP 1 9 1969 OPERATOR PROPATION OFFICE O. C. C. ARTESIA. OFFICE Atlantic Richfield Company P. O. Box 1978 Roswell, New Mexico 88201 Reason(s) for filing (Check proper box) Other (Please explain) Change los of tanks Eff: 7-1-69 prem Skelly New Well Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease No. Kind of Lease Turner "B" 32 Fren Seven Rivers State, Federal of Fee Federal Location Unit Letter 0 **3**30 South Line and 1650 Feet From The East Feet From The Line of Section 17 Township 17S 31ERange , NMPM, Eddy DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil [X] Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Companu P. O. Box 1510 Midland, Texas

or Dry Gas

17S

Ege.

Gas Well

31E

Is gas actually connected?

New Well

TUBING, CASING, AND CEMENTING RECORD

Total Depth

Top Oil/Gas Pay

Casing Pressure

Bbls, Condensate/MMCF

Water - Bbls.

YES

Workover

DEPTH SET

Producing Method (Flow, pump, gas lift, etc.)

Trwp.

me of Authorized Transporter of Casinghead Gas 🖄

Unit

Sec.

20

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

Oil Well

Date Compl. Ready to Prod.

Name of Producing Formation

Date of Test

Oil-Bbls.

Tubing Pressure

Length of Test

Tubing Pressure

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.

(Date)

BHMILLEN OF

CASING & TUBING SIZE

Continental Oil Company

Designate Type of Completion - (X)

TEST DATA AND REQUEST FOR ALLOWABLE

If well produces oil or liquids,

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

give location of tanks.

COMPLETION DATA

Date Spudded

Perforations

OIL WELL

Length of Test

GAS WELL

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

CERTIFICAT OF COMPLIANCE

Acctg. Mat'1. Suprv. (Title)

August 28, 1969

79701.

Same Res'v. Diff. Res'v.

6 - 2 - 60

P.B.T.D.

Tubing Depth

Depth Casing Shoe

SACKS CEMENT

Address (Give address on which governed corn of this form is to be sent)

P. O. Box \$267 Ponca City, Okla 74601

V.hen

Deepen

(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)

Supersedes Gld C-10 + and C-175 Effective 1-1-85

Casing Pressure	Choke Size
OIL CONSERVATION COMMISSION	
SEP 29 1969 . 19	
BY W. a. Gressett	
TITLE SIL AND GAS INSPECTA	

Choke Size

Gas - MCF

Gravity of Condensate

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 weil in accordance with RULE 111.

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

Fill out only Sections I, H. 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 completed wells.