

**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

LAND OFFICE	File	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TRANSPORTER	OIL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRORATION OFFICE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

RECEIVED BY
<b>AUG 19 1985</b>
O. C. D. ARTESIA, OFFICE

**I. OPERATOR** ARCO Oil & Gas Company  
Division of Atlantic Richfield Company

**Address**  
P.O. Box 1710, Hobbs, New Mexico 88240

**Reason(s) for filing (Check proper box)**

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

**Other (Please explain)** Please assign a testing allowable of 25 BO during month of August 1985 prior to Temporarily Abandonment

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Turner "A"</b>	Well No. <b>22</b>	Pool Name, including Formation <b>Fren Seven Rivers</b>	Kind of Lease State, Federal or Fee <b>Fed</b>	Lease No. <b>LC029395A</b>
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**Location**  
Unit Letter **F**; **2310** Feet From The **North** Line and **1650** Feet From The **West**

Line of Section **19** Township **17S** Range **31E**, NMPM, **Eddy** 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"/> <b>Navajo Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159, Artesia, N. M. 88210</b>
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>F</b>	<b>19</b>	<b>17</b>	<b>31</b>	<b>No</b>	

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 Restv.	Diff. Res
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, 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 (pilot, 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.

*Al. L. Shackelford*  
(Signature)  
Engrg. Tech. Spec.  
(Title)  
8-16-85  
(Date)

**OIL CONSERVATION COMMISSION**  
**AUG 21 1985**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed By  
BY Les A. Clements  
Supervisor District II

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen 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 all wells 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 multiphase completed wells.