		<del></del> -	-	•	
	NO. OF LEGILS HECKINED				
	DISTRIBUTION	NEW MEXICO OIL O	CONSERVATION COMMISSION	Parm (7+1)4	
	S SANTA PE	. REQUEST	FOR ALLOWASLE	Supercodes (Ad to the constitution)	
	11.0		A40	•	
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NA PURBLICAS I V E D				
	Tou				
	TRANSPORTER GAS	1 /5	S// APR	-2 1879	
	OPERATOR /		9		
1.	PRORATION OFFICE			e y de	
	Cperator ARCO Oil and Ga			CIA, GFFIGE	
	Division of Atlantic Richfield Company				
	P. O. Box 1710, Hobbs, New Mexico 88240  coson(s) for filing (Check proper box)  Other (Please explain)				
	Change in Transporter of: Change in Operator Name				
	Recompletion	Oil Dry Go			
	Change in Ownership	Casinghead Gas Conder			
	If change of any and it				
	If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Pool Name, Including Formation   Kind of L				T	
	TURNER A	23 FRe		Kind of Lease	
	Lecation	1 X3   FRE	(3N)	State, Federal or Fee Fe de RA	
Unit Letter A: 660 Feet From The NORTH Line and 660 Feet From The EAST  Line of Section 19, Township 175 Range 31E, NMPM, Eddy Co				- Fact	
				dv . County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of Cil		Address (Give address to which approv	ed copy of this form is to be sent)	
	SI - NONE Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Ned to the second secon		
	•	miduada das [ ] or 1317 das [ ]	Address (Give address to which approv	ea copy of this form is to be sent)	
	None	Unit   Sec.   Twp.   P.ge.	Is gas actually connected? Whe	m	
	If well produces oil or liquids, give location of tanks.	1	la des composites,	••	
	If this production is committed with	h that from any other lanes or and			
ĮV.	If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA				
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
•	Date Spudded	<u> </u>	1	1 1	
	No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Peol	Name of Producing Formation	Top Oil/Gas Pay	Tubing Cepth	
		•			
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			<del></del>		
			<u> </u>		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of land oil	and must be equal to or exceed top allow-	
	OIL WELL	able for this de	pth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
•		·	ousing pressure	Chart Size	
	Actual Prod. During Test	Cil-Bbls.	Water-Bbis.	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	Casing Pressure		
		·	Cusing Pleasure	Choke Size	
7/1	CERTIFICATE OF COMPLIANCE	וי	011 001100011	TION CONTROL	
			OIL CONSERVATION COMMISSION		
	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.		APPROVED APR 6 - 1979 , 19		
			IN (1 Gressett		
			64		
-			TITLE SUPERVISOR, DISTRICT II		
	11	1	This form is to be filed in c	compliance with gur F 1104	
•	Dange U. Rocks		If this is a request for allowable for a newly drilled or deepened well, thus form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with PULE 111.		
	Wattiet Prod & Drlg Supt.		All sections of this form must be filled out completely for allow-		
	(Tit	16/	little on new and recompleted wa		

3-27-79 (Parc)

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.