NO. OF COPILS RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE R Estrective -1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE SEP 1 9 1989 OIL TRANSPORTER GAS O. C. C. OPERATOR ARTESIA, BESICT PRORATION OFFICE Operator Atlantic Richfield Company Box 1978 Roswell, New Mexico 88201 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Change los of tarks Dry Gas Recompletion Oil 7-1-69 from Skelly Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Turner "B" 29 Fren Seven Rivers State, Federal or Fee Federal D 660 660 North West Unit Letter Feet From The Line and 20 17S 31E Eddy Line of Section Township Range , NMPM, County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company P. O. Box 1510 Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1267 Ponco City, Oklahoma 74601 Came of Authorized Transporter of Casinghead Gas 🔼 or Dry Gas Continental Oil Company Is gas actually connected? If well produces oil or liquids, give location of tanks. P 120 17S 31E YES 6-2-60 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Workover Gas Well Same Res'y, Diff. Res'y, Oil Well New Well Deepen Plug Back Designate Type of Completion - (X) 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 SACKS CEMENT CASING & TUBING SIZE DEPTH SET

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-

III. WELL						
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbls.	Water - Bble.	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	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.

D3A (Signature)
(Signature)
Acctg. Mat'l. Supvr.
(Title)
August 28, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED 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.

Se arate Forms C-104 must be filed for each pool in multiply completed wells.

QISTRIBUTION SANTA FE FILE	; !	NEW MEXICO OIL CONSERVATION COMMISSION REFORE () (Rev. 7-60)				
U.S.G.S. LAND OFFICE TRANSPORTER GAS PRORATION OFFICE	,		CATE OF CO	MPLIANCE	AND AUTHORIZA NATURAL GAS	
OPERATOR C	INCLAID			OPIES WITH TH	HE APPROPRIATE OFFIC	E ARTESIA DECIDE
Company or Operator	INCEAIR	OIL CORPOR	CATION - 0C	T 1 1968	Lease Turner and	Well No.
Unit Letter	Section	Township	Range-	31.		
Pool					Kind of Lease (State, Fed.	Fee)
If well produ	ices oil or con ocation of tanl		Unit Letter	Section	Township	Range
Authorized transporter of		condensate		Box	idress to which approved copy	y of this form is to be sent)
		Is Gas A	ctually Connecte	d? Yes 1	_ No	
Authorized transporter o		gas 🧾 or dry gas	Date Connected	Shally (ldress to which approved copy	y of this form is to be sent)
If gas is not being sold,	give reasons	and also explain its	present disposition:	Long Hi	le, Her Haries	
	Change in Ti	REASC	effective Ma	Change in Own Other (explain)	roper box)	
Remarks				Europa vily	NA BATTER .	
·		···				
The undersigned certi		_		nservation Comm	nission have been complie	d with.
	Executed	this the	_ day of	By		
OIL Approved by	CONSERVAT	TION COMMISSION		by (66 93.	7 - 1 - 2 - 2 ° 5
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Title	LEVERY	T		Company	ownstration bearings 2000.	
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