V	NO. OF COPIES RECEIVED 1 5		_~~			
	DISTRIBUTION	NEW MEXICO ON				~
	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  REQUEST FOR ALLOWABLE FOR SUpersedes Old C-104 and C-1				
	FILE	=	AND  RECEI VENETED 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TE	UTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	TRANSPORTER OIL 1					
٠	GAS	<b></b>				
1.	PRORATION OFFICE ARTESIA, OFFICE					
	Operator					
	Atlantic Richfield Company /					
	P. O. Box 1978, Roswell, New Mexico 88201					
	Reason(s) for filing (Check proper bo	Other (Plea	se explain)			
	Recompletion X	Change in Transporter of: Oil Dry (				
	Change in Ownership		Condensate			
:	If change of ownership give name			78 <del>2 - 78 </del>		,
	and address of previous owner					
11.	DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.					
}	Turner "B" (B)	72 Grayburg Jac	ckson Q.G.S.A.	1	al or Fee Federal	LC029395 (
İ	Unit Letter 0 : 1980 Feet From The East Line and 330 Feet From The South					
	Unit Letter U; I	900 Feet From The East L	ine and 330	Feet From	The South	<del></del>
Ĺ	Line of Section 20 To	wnship 17S Range	31E , NMPI	м,	Eddy	County
III. J	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS			
ſ	Name of Authorized Transporter of Oil	or Condensate		to which appro	ved copy of this form is t	o be sent)
}	Texas New Mex Pipeline Co.  P. O. Box 1510, Midland, Texas 79701  Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	Continental Oil Con		P. O. Box 219			-
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connec		en	
L		D 29 17S 31F			6-1-72	<del></del>
IV.	COMPLETION DATA	th that from any other lease or pool,	give commingling orde	r number:	CTB 202	
	Designate Type of Completic	$\operatorname{On} - (X)$ Oil Well Gas Well $X$	New Well Workover	Deepen	Plug Back   Same Res	v. Diff. Res'v.
<b> </b>	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	X
	9-21-60	6-2-72	7233		7100	o <b>'</b>
	Elevations (DF, RKB, RT, GR, etc.) 3708GR	Name of Producing Formation Grayburg Jackson (GQSA)	Top Oil/Gas Pay 3162		Tubing Depth	372'
	Perforations 3162, 64, 82, 84, 86,3233, 64,66, 82 & 86'				Depth Casing Shoe	
<del> </del>	3162, 64, 82, 84, 8	CEMENTING RECORD 7233'				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEM	FNT
	11"	8-5/8" OD	1600'		600 sks circ	
-	7-7/8"	4-1/2" OD	72331		1300 sks circ	
-		2-3/8" OD	33721	····		
v. 1	EST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volu	me of load oil o	and must be squal to or e	xceed ton allow-
C	OHL 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.)					
	6-2-72	6-11-72	Pump	, pump, gas iij	i, eic.)	
T.	ength of Teet. 24 hours	Tubing Pressure	Casing Pressure	^	Choke Size	$\lambda$ (5)
7	Letual Prod. During Test	Oil-Bbls.	Water - Bbls.	0	Gas-MCF	40
_	51	28		23	37	Po 3 19 12
G	AS WELL					
_	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCI		Gravity of Condensate	
-	esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		4-5		
		. and Present ( State-IN )	Casing Pressure (Shut-	- <b>1</b>	Choke Size	
1. C	ERTIFICATE OF COMPLIANC	E	OIL	ONSERVA	TION COMMISSION	
	hanahu mantifu than tha and an and	APPROVED	IUN 191	972	19	
Co	hereby certify that the rules and re ommission have been complied wi	1 Change				
<b>=</b> 0	ove is true and complete to the	BY	TITLE UIL AND GAS INSPECTOR			
	. · ·	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.				
	D.L. Space					
	(Signat					
	Sr. Accounting					
	June 16, 1972					
-	Julie 10, 1972 (Date	1)	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 poo	ol in multiply