	<u>.</u>	•					4	
DISTRIBUTION	NEV	LUEYICO OU .	CHEEDIA	TION COMM	561011	,		
SANTA FE	REQUEST FOR ALLOWABLE REQUEST FOR ALLOWABLE Supersedes Old (1-154 modes)							
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
LAND OFFICE OIL	-		1101 0101	To a second		VED		
IRANSPORTER GAS	1	(F)	. •	ř	IBB : A d	070		
PROPATION OFFICE			•		IPR - 2 1	19/9		
Cperator ARCO Oil and G	as Company -				O. C. C	•		
Division of At	lantic Richfie	eld Company	-W	AI	RTESIA, OF	FICE		
P. O. Box 1710 Reason(s) for filing (Check proper box	, Hobbs, New N	lexico 8824		Other (Please		·		
New Well	Change in Trans	Change in Operator Name						
Recompletion Change in Ownership	Oll Dry Gas effective: 4-1-79 Casinghead Gas Condensate						٠	
If change of ownership give name							<u></u>	
and address of previous owner		······································		·				
DESCRIPTION OF WELL AND		Well No. Pool Na	me. Includin	Formation		Kind of Lease		
TURNER B		1	n (51				Fee Federal	
Location Unit Letter A : 99	O Feet From The	NORth Lin		330	F ~	ne_ <i>EAS</i> †		
•	· ·							
Line of Section 20 , Tow	vnship 175	Renge 3	'IE	, NMPM,	E da	<u> </u>	County	
DESIGNATION OF TRANSPORT	FER OF OIL AND			ive address to	which approv	ed copy of this for	n is to be sent)	
SI-NONE		Acdress (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas **NO NE**				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.	ls gas actu	ally connected	1? Whe	n		
If this production is commingled wit	h that from any othe	r lease or pool.	give commi	ngling order	number			
COMPLETION DATA	Oil Well		Now Well	Workover	Deepen	Plug Book 'Same	Res'v. Diff. Res'v.	
Designate Type of Completio		<u> </u>	1	1		1	January Santa Figure 1	
No Change	Date Compl. Ready to Prod.		Total Dept	Total Depth		P.B.T.D.		
Pool	Name of Producing Fo	Top Oil/Gas Pay		Tubing Depth				
Perforations						Depth Casing Sho	•	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
TEST DATA AND REQUEST FO	DR ALLOWABLE	(Test must be a)	ter recovery	of total volum	e of load oil a	nd must be equal to	or exceed top allow-	
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 to 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.)								
No Change								
Condition 1 eat	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.		Water-Bbls.		Gas-MCF			
	·	·*··						
GAS WELL Actual Prod. Test-MCF/D	Length of Test	•	Bbis. Cond	ensate/MMCF		Gravity of Conden	sate	
Testing Method (pitot, back pr.)	Tubing Pressure		6-1-8-					
reading transfer (piece, such pri			Casing Pre	ssure		Choke Size		
CERTIFICATE OF COMPLIANCE	E			OIL C	ONSERVA	TION COMMISS	SION	
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED APR 0 9 1979 . 19					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Will Gressett					
· · · - · · · · · · · · · · · · · · · · · · ·				TITLE . SUPERVISOR, DISTRICT II				
Mary 1P1				This form is to be filed in compliance with RULE 1104.				
(Signature)				If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a sabulation of the deviation				
District Prod & Drig Supt. (Title)				All sections of this form must be filled out completely for allow-				
3-27-79				able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner,				
(Da.		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply						
				and the state of t				