

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-104 and C-110
Effective 1-1-61

RECEIVED
SEP 3 1969
O. C. C.
ARTEBIA, OFFICE

FILE
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

Operator
Atlantic Richfield Company ✓
Address
P. O. Box 1978, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain)
Commingled Effective 9-1-69
changed loc of tanks
If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name
Turner B (B)
Lease No.
45
Well Name, Location, Including Formation
Grayburg Jackson (Q.G.SA)
Kind of Lease
State, Federal or Fee
Federal
Location
Unit Letter
M
660 Feet From The
South Line and
560 Feet From The
West
Line of Section
20
Township
17S
Range
31E
NMPM,
Eddy
County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas New Mexico Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Skelly Oil Company Continental Oil Co
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 207, Loco Hills, New Mexico 88255
If well produces oil or liquids,
give location of tanks.
Unit
D
Sec.
29
Twp.
17S
Rge.
31E
Is gas actually connected?
Yes
When
6-1-60
If this production is commingled with that from any other lease or pool, give commingling order number:
CTB-202

COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. ☐ Diff. Restv. ☐
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
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL
(Text 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-Gals.
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
Casing Pressure
Choke Size

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.
Auth. Drilling Clerk
OIL CONSERVATION COMMISSION
SEP 3 1969
APPROVED
BY
W. A. Bessett
TITLE
OIL AND GAS INSPECTION
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 logs to be on the well in accordance with RULE 1111.
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 well name or number or transporter or other such change of conditions.
Separate Forms C-104 must be filed for each pool in completed wells.