

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

water 2542750

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Turner Production Company		Well API No. 30-039-23111
Address c/o A. R. Kendrick, Box 516, Aztec, NM 87410		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

Called PCDs
to EPN³
on 6/29/95
new

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turner 26	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State Federal Lease NM-0111-A
Location Unit Letter <u>I</u> : <u>1460</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>26 N</u> Range <u>7 W</u> , NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? When?
		Yes 1983

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spud Respod 9/15/93 11-10-87	Date Spud Ready to Prod 10/18/93	Recomp.	Total Depth 4123'	P.B.T.D. 3102'				
Elevations (DF, RKB, RT, GR, etc.) 7015' GR	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 3082'	Tubing Depth 3096' 3068'					
Perforations 3082'-3096'			Depth Casing Shoe 4123'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-3/4"	8-5/8"		134'		97 Ft ³ Circulated			
7-7/8"	4-1/2"		4123' 4092'		1828 Ft ³ Circulated			
	2-3/8"		3096' 3068'					

V. 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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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 - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 121	Length of Test 3 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 280 psig	Casing Pressure (Shut-in) 370 psig	Choke Size 1/2"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. R. Kendrick
Signature
A. R. Kendrick Agent
Printed Name
10/27/93 Date
334-2555 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 22 1993

By [Signature]

Title SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.