

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

**I. OPERATOR**  
 Operator  
**CROWN CENTRAL PETROLEUM CORPORATION**  
 Address  
 Suite 1002 Wilco Building Midland, Texas 79701  
 Reason(s) for Filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of: (Gas previously gathered by Warren Pet. and EPNG; EPNG is no longer connected to this system.)  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**  
 Lease Name **Fred Turner** Well No. **1** Pool Name, including Formation **Skaggs Drinkard North Gas** Kind of Lease **Fee** Lease No. **--**  
 Location  
 Unit Letter **P**; **660** Feet From The **South** Line and **560** Feet From The **East**  
 Line of Section **6** Township **20S** Range **38E**, NMPM, **Lea** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate  **Shell Oil Company** Address (Give address to which approved copy of this form is to be sent) **P. O. Box 20329 Houston, TX 77025**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  **Warren Petroleum** Address (Give address to which approved copy of this form is to be sent) **P. O. Box 1589 Tulsa, OK 74102**  
 If well produces oil or liquids, give location of tanks. Unit **P** Sec. **6** Range **20S 38E** Is it actually connected? **Yes** When **Unknown**

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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

**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)

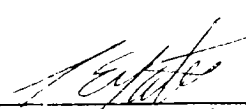
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**


Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

  
 T. E. Yates  
 District Production Manager  
 February 14, 1980

**OIL CONSERVATION COMMISSION**

APPROVED  , 19 \_\_\_\_\_  
 BY Les Clements  
 TITLE Oil & Gas Insp.

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