

I. OPERATOR

Operator	Socorro Petroleum Company	ARTESIA OFFICE Well API No.	30-015-
Address P.O. Box 38, Loco Hills, NM 88255			
Reason(s) for Filing (Check proper box)			
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (Please explain)	
<input type="checkbox"/> Recompletion	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in Operator Name	
<input checked="" type="checkbox"/> Change in Operator	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective January 1, 1990	
If change of operator give name and address of previous operator Harcorn Oil Company, P.O. Box 2879, Victoria, TX 77901			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Turner "B"	Well No.	2	Pool Name, Including Formation	Grayburg Jackson/7 RV OGSA	Kind of Lease	State, Federal or Fee	Lease No.	LC029395B
Location									
Unit Letter	M	:	660	Feet From The	South	Line and	660	Feet From The	West
Section	17	Township	17S	Range	31E		NM1M,	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Texas-New Mexico Pipeline Company			Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Continental Oil Company			Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	D	29	17S	31E	YES	6-2-60

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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			
					Post FD-3			
					2-9-70			
					chgs up			

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	Length of Test	Bbls. Condensate/MNCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Signature

Ben D. Gould

Printed Name

1/8/90

Date

Manager

Title

505/677-2360

Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB - 9 1990

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II