	HO. CF CCPIES HECELVED				
	SANTA FE REQUEST FOR ALLOWABLE Supremble Officers				
	AND AND OUTSIGNS OF AUTHORIZATION TO TRANSPORT OIL AND AND AND TO AND				
	LAND OFFICE			YOU.	
	TRANSPORTER GAS	(51)	APR -8 R	79	
ı.	PRORATION OFFICE		ومرا يعمل المهار		
	Gperator ARCO Oil and Gas Company - ARTESIA, OFFICE Division of Atlantic Richfield Company				
	Address				
	P. O. Box 1710, Hobbs, New Mexico 88240  Recoson(s) for filing (Check proper box)  Other (Please explain)				
	New Well Change in Transporter of: Change in Operator Name  Recompletion Dry Gas effective: 4-1-79				
	Change in Ownership	字			
	f change of ownership give name nd address of previous owner				
II. DESCRIPTION OF WELL AND LEASE					
	Lease Name	Well No. Pool Nam	ne, including Formation	Kind of Lease	
	TURNER A	25 FRe	N (SK)	State, Federal Cr Fee Fe de RA	
	Unit Letter 8: 990 Feet From The NORth Line and 2310 Feet From The EAST				
	Line of Section 19 . Tow	mship 175 Range 31	IE , NMPM, E	dy County	
ıu.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Cil  or Condensate  Address (Give address to which approved copy of this form is to be sent)				
	SI - NONE Name of Authorized Transporter of Cas	inghead Gas 📋 or Dry Gas 📋	Address (Give address to which appro	ved copy of this form is to be sent)	
	None.	Unit Sec. Twp. P.ge.	is gas actually connected? Wh	en	
	give location of tanks.				
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA					
ŧ	Designate Type of Completio	n - (X) Gas Well	New Well Workover Deepen	Plug Beck   Same Resty. Diff. Resty.	
	No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
:	Pool	Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth	
	Perforations		Depth Casing Shoo		
i 1	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
!					
!					
v.	TEST DATA AND REQUEST FO			and must be equal to or exceed top allow-	
	Oll, WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	jt, etc.)	
	No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil - Bbls.	Water-Bbls.	Gas-MCF	
		0			
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate .	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
i Vi	CERTIFICATE OF COMPLIANCE	į ·	OII CONSERVA	ATION COMMISSION	
	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.		OIL CONSERVATION COMMISSION APR 6 7 1979		
			BY W. C. Stresset		
			TITLE SUPERVISOR, DISTRICT II		
:	Mary UPI		This form is to be filed in compliance with RULE 1104.		
,	Glorge V. Kacks		If this is a request for allowable for a newly drifted or despendenced; this form must be accompanied by a tabulation of the deviction		
	District Prod & Drlg Supt.		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-		
	(Title) able on		able on new and recompleted w	on new and recompleted wells. Fill out Sections I. II. III. and VI only for changes of owner.	
	(De	ur)	well name or number, or transpor	ter, or other such change of condition.	