

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	File	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TRANSPORTER	OIL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRORATION OFFICE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

RECEIVED BY AUG 19 1985 O. C. D. ARTESIA, OFFICE

Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company	
Address P.O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Other (Please explain) Please assign a testing allowable of 25 BO during month of August 1985 prior to Temporarily Abandonment
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turner "A"	Well No. 25	Pool Name, including Formation Fren Seven Rivers	Kind of Lease State, Federal or Fee Fed.	Lease No. LC029395A
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>17S</u> Range <u>31E</u> , NMPM , 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>19</u> Twp. <u>17</u> Rge. <u>31</u>	Is gas actually connected? <u>No</u> When

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)		<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
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.

D. L. Shackelford
 (Signature)
 Engrg. Tech. Spec.
 (Title)
 8-15-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 21 1985, 19____
 Original Signed By
 BY Les A. Clements
 Supervisor District II
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 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 owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiphase completed wells.