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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  
**RECEIVED**  
 SEP 19 1969  
 O. C. C.  
 ALBUQUERQUE OFFICE

**I. OPERATOR**  
 Atlantic Richfield Company ✓  
 Address  
 P. O. Box 1978 Roswell, New Mexico 88201  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate   
 Other (Please explain)  
 Change loc of tanks  
 Eff; 7-1-69 from Skelly

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Turner "B"	Lease No.		Well No.	14	Pool Name, including Formation	Fren Seven Rivers	Kind of Lease	State, Federal or Fee	Federal
Location	Unit Letter	N	660	Feet From The	South	Line and	1980	Feet From The	West	
	Line of Section	20	Township	17S	Range	31E	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"/>	Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1510 Midland, Texas 79701				
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 <del>1267</del> <sup>2137 Houston Texas 77001</sup> Ponca City, Okla. 74601				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	P	20	17S	31E	YES	6-1-60	

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							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

*[Signature]*  
 Mat'l Acct'g Super'vr  
 (Title)  
 August 28, 1969  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED **SEP 29 1969**, 19\_\_\_\_\_  
 BY *W. A. Gressett*  
 OIL AND GAS INSPECTOR  
 TITLE \_\_\_\_\_

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.