,	DISTRIBUTION SANTA FE	1	ONSERVATION COMMISSION FOR ALLOWABLE ALID	Form C+104 Supersydex Old L+104 and (+1) Literary (+1)
	LAND OFFICE TRANSPORTER OPERATOR OPERATOR	AUTHORIZATION TO TRA	APR - 2 197	
I.	perdior ARCO Oil and Gas Company - ARTESIA, OFFICE			
	Division of Atlantic Richfield Company Address			
	P. O. Box 1710, Hobbs, New Mexico 88240 coson(s) for filing (Check proper box) ew Well Change in Transporter of: completion OII Dry Gas Change in Operator Name ecompletion Casinghead Gas Condensate			
	If change of ownership give name and address of previous owner			
II.	ESCRIPTION OF WELL AND LEASE ease Name Well No. Pool Name, Including Formation Kind of Lease			
	TURNER B	36 FRe	N (SR)	State, Federal or Fee Federal
	Unit Letter B : 990	Feet From The NOR + h Line	e andFeet From 1	no EAS +
	Line of Section 20 , Tow	mship 175 Range 3	IE , NMPM, Edo	County
u.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	and convolotic form is to be sent
	SI-NONE			
	Name of Authorized Transporter of Cas NONE	Inghead Gas or Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	ls gas actually connected? Who	ะก
	If this production is commingled wit COMPLETION DATA	And the second s		
	Designate Type of Completio	n - (X) Gas Well Gas Well	New Well Workover Deepen	Plug Book 'Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	No Change	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations		I	Depth Casing Shoe
	TUBING, CASING, AND CE		CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test One of Test				
	No Change	Date of Test	Producing Method (Flow, pump, gas ii)	i, 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	Bbis. Condensate/MMCF	Gravity of Condensate
٠	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Ί.	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.		OIL CONSERVATION COMMISSION APR 0 9 1979	
			BY W. C. Thesset	
			SUPERVISOR, DISTRICT IL	
	Dear 1Pil			compliance with RULE 1104.
	(Signature)		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.	
	District Prod & Drlg Supt. (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
	3-27-79 (Date)		Fill out Sections I. II. III, and VI only 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	

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