NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Oil Cons. and C-120

RECEIVED

APR - 3 1979

O. C. C.
ARTESIA OFFICE

I.

| Operator | ARCO Oil and 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	☐	Change in Transporter of:			Other (Please explain)
Recompletion	☐	Oil	☐	Dry Gas ☐	Change in Operator Name effective: 4-1-79
Change in Ownership	☐	Casinghead Gas	☐	Condensate ☐	

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

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease |
| Turner B | 5 | Grayburg Jackson (G-A-SA) | State, Federal or Fee Federal |

Location

Unit Letter _L_ : _1980_ Feet From The _South_ Line and _660_ ~~625~~ Feet From The _West_

Line of Section _17_, Township _17S_ Range _31E_, NMPM, _Eddy_ County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
None – WIW	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
None.	

| If well produces oil or liquids, give location of tanks, | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | | | | | | |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. 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.		
No Change								
Pool	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.)	
No Change			
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.

George V. Rohr
(Signature)

District Prod & Drlg Supt.
(Title)

3-27-79
(Date)

OIL CONSERVATION COMMISSION

APR 6 - 1979

APPROVED _____, 19____

BY _W. A. Gressitt_

TITLE _SUPERVISOR, DISTRICT II_

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 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 entirety.