| AG. OF COPIES RECEIVED   | 5   | * <u></u>  |  | •   |   | •  |  |  |                                 |
|--|---|--|--|---|---|--|--|--|---------------------------------|
| DISTRIBUTION   |   | <b>.</b>   |  |   |   |  |  |  |                                 |
| SANTA FE   |   | NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE   |  |   |   |  | C+104<br>isedes Old C-   | 10:  |                                 |
| FILE   |   |  | KEQUEST  | AND   | UWABLE  |  | Effer  | C'E'T'V  | ie n                            |
| U.S.G.S.   |   | AUTHODIS   | ATION TO TRA   |   | Oli AND N   | ATHERAL C  | RE   | CEIV   | FU                              |
| LAND OFFICE  |   | AO I HORIZ   | ATION TO TRO   | MINOT OK 1 (  | OIL AND IN  | ATUKAL 6   | A3   |  |                                 |
| TRANSPORTER OIL GAS  |   |  |  |   |   |  | SI   | EP 1 9 19  | 969                             |
| OPERATOR PRORATION OFFICE  |   |  |  |   |   |  | _  | o. c. c  |                                 |
| Operator Operator  | <u> </u>  |  | ·  | ·   |   |  | 45   | rema, of   |                                 |
| Atlantic Rich  | field C   | Company  | . NEW TO THE STATE OF THE STATE |   |   |  |  |  |                                 |
| P. O. Box 197  | 8 Ro  | swell, New   | Mexico 8820  | )1  |   |  |  |  |                                 |
| Reason(s) for filing (Check p  | proper box)   |  |  | C   | ther (Please e  | xplain)  |  |  | 4-7                             |
| New Well   |   | Change in Tra  | nsporter of:   |   |   |  |  |  |                                 |
| Recompletion   |   | Oil  | Dry Go   | as 🔲  |   |  |  |  |                                 |
| Change in Ownership  |   | Casinghead Go  | zs 🔀 Conde   | nsate 📗   | Eff:  | 7-1-69   | from   | Shelly   |                                 |
| DESCRIPTION OF WEL  Lease Name Turner "B"  Location Unit Letter L  |   | Lease No.  | <u> </u>   | Seven Ri  |   |  | Kind of Leas<br>State, Feder   | se<br>ul or Fee 🛮 <b>F</b> 6                           | ederal                          |
| Line of Section 17   | Town  | ship 17S   | Range 311  | <u> </u>  | , NMPM,   | Feet From T  |  |  | County                          |
| Line of Section 17 DESIGNATION OF TRA  | Town  | er of oil an   | Range 31 F   | E<br>AS   | , NMPM,   | Eddy   |  |  | ·                               |
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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)

| imp, gas lift, etc.) |
|----------------------|
|                      |
| Choke Size           |
| 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            |  |  |  |  |
|  |                                  |                 |                       |                       |  |  |  |  |

APPROVED

## /I. 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.

(Date)

Jahnhina gr

Acctg. Mat'l. Supvr.

(Title)

August 28, 1969

gnature) U Vr. This form is to be filed in compliance with RULE 1104.

OIL AND GAS INSPECTO

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.

ON COMMISSION

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.