	DISTRIBUTION SANTA F2 FILE	REQUEST F	ONSERVATION COMPUSSION	Form C-104 RECITIVE Out Coron and (
	U.S.O.S. LAND OF FICE	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL G	AUG 19 1985
1.	IRANSPORTER GAS OPERATOR // PRORATION OFFICE			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 We!! Recompletion	Change in Transporter of: Oil Dry Gas	allowable of 25 E	ease assign a testing 0 during month of August porarily Abandonment
	Change in Ownership	Casinghead Gas Condens		
	and address of previous owner			
	Lease Name	Well No.   Pool Name, Including Fo	Sinta Fadara	
	Turner "A"	27 Fren Seven R:	ivers	
	Unit Letter N ; 330	Feet From The <u>South</u> Line	e and1398 Feet From 1	The West
	Line of Section 18 Town	nship 175 Range 3.	<u>IE</u> , ммрм, Eddy	County
m.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll	ER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ved copy of this form is to be sent)
	Navajo Refining Compan Name of Authorized Transporter of Cost	y Inghead Gas 📄 or Dry Gas 📑	P.O. Box 159, Artesia Address (Give address to which approv	New Mexico 88210 Ned copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. N 18 175 31E	Is gas actually connected? Whe NO	n
	f this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. 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 Oll/Gas Pay	Tubing Depth
	Perforations		· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe
			DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		
ŧ	TEST DATA AND REQUEST FO	DR ALLOWABLE (Teat must be aj	fter recovery of total volume of load all	and must be equal to or exceed top all
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil an able for this depth or be for full 24 hows) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift,				
	Longth of Tool	Tubing Presewe	Casing Pressue	Choke Size
	Actual Prod. During Test	Qii-Bhis.	Water - Bbla.	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 (Shut-1s)	Casing Pressure (Shut-in)	Choke Bize
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.		OIL CONSERVATION COMMISSION APPROVED	
			Original Signed By Les A. Cloments Supervisor District H	
	A. L. Shackelford (Signature)		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.	
	Engrg. Tech. Spec. (Tille)		All sections of this form must be filled out completely for allo able on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of own?	
			Fill out only Sections I, II, III, and VI for change of condition well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip	
			i separate Point Colov and	