

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND-OWNER	FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TRANSPORTER	OIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	GAS	<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROMOTION OFFICE		<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED BY
AUG 19 1985
O. C. D.
ARTESIA, OFFICE

I. 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 Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) Please assign a testing allowable of 25 BO during month of August 1985 prior to Temporarily Abandonment

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turner "A"	Well No. 24	Pool Name, including Formation Fren Seven Rivers	Kind of Lease State, Federal or Fee Fed	Lease No. LC029395A
Location Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West Line of Section 19 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit C Sec. 19 Twp. 17 Rge. 31	Is gas actually connected? No When

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	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

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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

 D. L. Shackelford
 (Signature)
 Engrg. Tech. Spec.
 (Title)
 8-16-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 21 1985 , 19____
 Original Signed By
 BY Les A. Clements
 Supervisor District II
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allo able on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of ownr well name or number, or transporter, or other such change of conditio
 Separate Forms C-104 must be filed for each pool in multip