	40. OF COURS HECEIVE:			
	SANTA FE	1	CONSERVATION COMMISSION	Form C-1);
	FILE	REQUEST	FOR ALLOWABLE AND	Supersedue (IIId C-10) and C-12
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS
	IRANSPORTER OIL RECEIVED			
	GAS '			T. A.C.D.
1.	PRORATION OFFICE	-	· A	PR - 2 1979
••	Cperotor ARCO Oil and Gas Company -			
	Division of At	lantic Richfield Company	AR	O. C. C.
	P. O. Box 1710, Hobbs, New Mexico 88240			
•	Reason(s) for filing (Check proper box) 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		me, Including Formation	Kind of Lease
	TURNER B 78 GRAY BURG JACKSON (SR-O-B-SA) State, Federal or Fee Federal			
	Location			
	Unit Letter J : 2080 Feet From The South Line and 1980 Feet From The EAST			
Line of Section 20 , Township 175 Range 31E , NMPM, Eddy Co.				
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Cil	or Conductate	Acid:ess (Give address to which approx	ed copy of this form is to be sent)
	NONE - WIW Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Nde-Ci-all-	
	None.	and hear one [] of Dif Gus []	Address (Give address to which appro-	ed copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected? Whe	m
	If this production is commingled with that from any other lease or pool, give commingling order number:			
v.				
	Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Beck Same Resty. Diff. Resty.
	Date Spudded .	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	No Change	Name of Producing Formation	T. 01/0	
		Name of Producing Potantion	Top Oll/Gas Pay	Tubing Depth
	Perforations .	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 (Test must be after recovery of total volume of load oil and must be equal to or exceed ton all				
٠,	OIL WELL	. able for this de	ter recovery of total volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
	No Change Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil - Bbls.	Water-Bbls.	0
	Maria Lione Parity 1 497			Gas-MCF
•				
١	GAS WELL Actual Prod. Test-MCF/D	Length of Test.	Bbls. Condensate/MMCF	Gravity of Condensate
				or o
	Testing Method (pitot, back pr.)	Tubing Pressure	Cosing Pressure	Choke Size
Ί.	CERTIFICATE OF COMPLIANCE	CE CE	OIL CONSERVA	TION COMMISSION
	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. ———————————————————————————————————		APR 0 9 1979	
			APPROVED AFR 0 3 93 19 19	
			61	
			TITLE SUPERVISOR, DISTRICT II	
1			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 that the companies of the deviation of the deviation.	
-	District Prod & Drlg Supt. (Title)		tests taken on the well in accordance with Rule 111. All sections of this form must be filled out completely for allow-	
3-27-79			uble on new and recompleted wells. Fill out Sections 1. II. III, and VI only for changes of owner,	
(Date)			well name or number, or transporter, or other such change of condition.	
			A CONTRACT PRIESS FACING MINES	the liter for each pool in manifolds