

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supercedes Old C-104 and C-105
Effective 1-1-67

RECEIVED

SEP 3 1969

O. C. C.
AMERICA, OFFICE

Atlantic Richfield Company	
Address P. O. Box 1978, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☒ Condensate ☐
Commingled Effective 9-1-69 Changed Loc of tanks	
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Lease Type	Kind of Lease
Turner B (B)	49	Grayburg Jackson (O.G.SA)	State, Federal or Fee Federal
Location			
Unit Letter	G	1980 Feet From The North Line and 1980 Feet From The East	
Line of Section	29	Township 17S	Range 31E, NMPM, Eddy County

I. 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)
Texas New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Continental Shelly Oil Company	2197 Houston St. 77001 P. O. Box 207, Loco Hills, New Mexico 88255
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
D 29 17S 31E	Yes 6-1-60

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-202

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, 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

(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.)	
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.

Billy C. Jenkins
Auth. Drilling Clerk

SEP 12 1969

OIL CONSERVATION COMMISSION

APPROVED SEP 3 1969

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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 drive tests taken on the well in accordance with RULE 1104.

All sections of this form must be filled out completely for all wells, new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes in well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.