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

Form C-104
Supersedes Old C-104
Effective 1-1-79

APR - 2 1979

Operator		ARCO Oil and Gas Company - Division of Atlantic Richfield Company		O. C. C. ARTEZIA, OFFICE
Address P. O. Box 1710, Hobbs, New Mexico 88240				
Reason(s) for filing (Check proper box)			Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	Change in Operator Name	
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	effective: 4-1-79	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
		Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Turner B(B)	Well No.	49	Pool Name, including Formation	Grayburg-Jackson (O.C.S.)	Kind of Lease	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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Texas New Mexico Pipeline Company			Address (Give address to which approved copy of this form is to be sent)			P.O. Box 1510 Midland Texas 79702		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Continental Pipeline Company			Address (Give address to which approved copy of this form is to be sent)			P.O. Box 460 Hobbs Texas-New Mexico 88240		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Trwp	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'v.	Diff. Res'v.
Date Spudded	No Change	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	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						

VI. 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.)	
No Change			
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

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.

George V. Rader
(Signature)

District Prod & Drlg Supt.

(Title)

(Date)

3/27/79

OIL CONSERVATION COMMISSION

APR 09 1979

APPROVED _____, 19

BY *W. A. Gressett*

TITLE SUPERVISOR, DISTRICT II

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 tests taken on the well in accordance with RULE 111.

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

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

Separate Form C-104 must be filed for each well to which it applies.