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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 O-104

Supersedes Old O-104 and O-105  
Effective 1-1-69

RECEIVED

SEP 3 1969

O. C. C.  
ARTERIA, OFFICE

Atlantic Richfield Company

Address

P. O. Box 1978, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☒Dry Gas ☐Condensate ☐

Other (Please explain)

Commingled Effective 9-1-69

Changed for tanks

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well Name, including Formation	Kind of Lease
Turner B (A)	52	Grayburg Jackson (Q.G.SA)	State, Federal or Fee
Location			Federal
Unit Letter	E	1980 Feet From The North Line and 660 Feet From The West	
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"/>	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shelly Oil Company Continental	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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.F., 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-Bois.	Water-Bois.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bois. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Auth. Drilling Clerk

September 2, 1969

## OIL CONSERVATION COMMISSION

APPROVED SEP 3 1969, 19

BY W. A. Bessett  
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 deviation survey of the well in accordance with RULE 1103.

All sections of this form must be filled out completely for allowable and recomputed wells.

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

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