	NO. OF COPIES ACCEIVES 5	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form (7-104	
	SANTA FE	REQUEST	Supervised of the part of the product of the second		
	AND AND AUTHORIZATION TO TRANSPORT OIL AND ATURAL VAE D			AE D	
IRANSPORTER OIL / APR 9 OPERATOR / I PROBATION OFFICE D. C. C. C.			APR - 2 19	79	
	Cperator ARCO Oil and Gas Company – ARTING, UFFICE Division of Atlantic Richfield Company Division Division				
	Address P. O. Box 1710	Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box, New Well				
	Recompletion Change in Ownership	Cil Dry Ga Casinghead Gas Conder	effective: 4-1-7		
	If change of ownership give name and address of previous owner		······		
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease				Kind of Lease	
	Turner B(A)	62 Gaze	phire Jackson (20.65)	State, Federal or Fee Foderal	
	Unit Letter <u>I</u> ; 198	O Feet From The South Lin	ae and [600 Feet From]	rhe <u>East</u>	
	Line of Section 29, Township 175 Range 31E, NMPM, Eddy County				
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				red copy of this form is to be sent	
	Texas New Mexic Name of Authorized Transporter of Cas	O Pileline Compone	P. O. Box 1510 Mm Address (Give address to which approv	dland Texa, 19707	
	Continental Pipel	unit Sec. Two. Pge.	P.O. Bix 460 Ho Is gas actually connected? What	the New Mexico 88240	
	If well produces oil or liquids, give location of tanks.	29 175 31E	Yes	10-24-60	
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 Completio		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 Oll/Gas Pay	Tubing Depth	
	Perforations Depth Cosing Shoe			Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
			······································		
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)				
	Date First New Cil Run To Tanks No Change	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF	
GAS WELL			J.,		
	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	
¥L.	CERTIFICATE OF COMPLIANC	JE	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.		APPROVED APR 0 9 1979 , 19 BY (J, C, SUPERVISOR, DISTRICT II		
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•	Denge V. Knoks		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 tabilation of the deviation		
	District Prod & Drlg Supt. (Tale)		tests taken on the well in accordance with PULE 111. All sections of this form must be filled out completely for allow-		
	·	3/27/79	able 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.		
(Date)			Separate Forms C-104 must be filed for each pool in multiply complexity is set		