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FILE
LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form 104-104
Supervisors and Checkers Use
Effective 1-1-69

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 3 1969

O. C. C.
ALBUQUERQUE, OFFICE

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

DESCRIPTION OF WELL AND LEASE
Lease Name Turner B (A) Lease No. 71 Well Name, including Formation Grayburg Jackson (Q, G, SA) Kind of Lease State, Federal or Fee Federal
Location
Unit Letter M 660 Feet From The South Line and 660 Feet From The West
Line of Section 29 Township 17S Range 31E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
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 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Continental Shelly Oil Company Address (Give address to which approved copy of this form is to be sent) 2197 Houston Texas 77001
P. O. Box 287, Loco Hills, New Mexico 88258
If well produces oil or liquids, give location of tanks. Unit D Sec. 29 Twp. 17S Rge. 31E Is gas actually connected? Yes When 10-24-60

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

COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RAB, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Text 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

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.
John C. Jenkins
John C. Jenkins, Clerk
OIL CONSERVATION COMMISSION
APPROVED SEP 2 1969
BY W. A. Gressitt
TITLE
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 from the well log as well as a certificate with Rule 1104.
All sections of this form must be filled out completely for all wells, new and recompleted wells.
Fill out Sections I, II, III, and VI for changes of 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.