

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRODUCTION OFFICE		

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

Form C-104  
Superseded by Form C-104-1

APR - 2 1979

O. C. C.  
ALBUQUERQUE, OFFICE

Operator		ARCO Oil and Gas Company - Division of Atlantic Richfield Company	
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 Operator Name effective: 4-1-79	
Recompletion	<input type="checkbox"/>		
Change in Ownership	<input type="checkbox"/>		
Change in Transporter of:			
Oil		<input type="checkbox"/>	
Dry Gas		<input type="checkbox"/>	
Casinghead 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	Well No.	Pool Name, Including Formation	Kind of Lease
Turner B (A)	53	Grayling Jackson (O.G.S.)	State, Federal or Fee
Location			
Unit Letter	I	1980 Feet From The	South Line and 660 Feet From The East
Line of Section	30	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 79702	
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)	
Continental Pipeline Company	P.O. Box 460 Hobbs New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	D	29
	17S	31E
	Is gas actually connected?	When
	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 Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.						
No Change										
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				

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.)	
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 (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.

George V. Parks  
(Signature)

District Prod & Drlg Supt.

(Title)

(Date)

3/27/79

OIL CONSERVATION COMMISSION

APPROVED

APR 09 1979

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