

NO. OF COPIES RECEIVED		
DISTRIBUTION		
STAFF		✓
FILE		✓
S.S.		✓
AND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
ERATOR		✓
PROMOTION OFFICE		

P O BOX 2088

REQUEST FOR ALLOWABLE
AND

RECEIVED BY
APR 29 1987
O. C. D.
ARTESIA, OFFICE

P. O. Box 10151 El Paso, Texas 79992

Very Well

✓ re-completion

Change in Ownership

Change in Transporter of:

C11

☐ Castinhead Gas

☐ Dry Gas

Condensate

Other (Please explain)

Testing Allowable 400bbl.

If change of ownership give name and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

Case Name Turkey Track Com.	Well No. 1	Pool Name, Including Formation Undesignated Q-GB-SA	Kind of Lease State, Federal or Free State	Lease No. E-1286
Location Unit Letter I 660 Feet From The East Line and 1980 Feet From The South				
Line of Section 26 Township 18-S Range 28-E NMPM Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐				Address (Give address to which approved copy of this form is to be sent)		
Navajo Refining Co.				P. O. Box 159 Artesia, New Mexico 88210		
Name of Authorized Transporter of Gas ☐ or Dry Gas ☐				Address (Give address to which approved copy of this form is to be sent)		
n/a at this time						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? no	When
	I	26	18-S	26-E		

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

NOTE: Complete Parts IV and V on reverse side if necessary.

1. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED MAY 1 1987 , 19

BY _____ Original Signed By _____
TITLE _____ Les A. Clements _____
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 allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI 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.