

U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		/
PRORATION OFFICE		

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

I. Operator		D. R. Clary ✓		APR 15 1976	
Address		P O Box 1267		Odessa, Texas 79760	
Reason(s) for filing (Check proper box)		Change in Transporter of:		Other (Please explain)	
New Well	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>				

If change of ownership give name and address of previous owner Paul Slayton, P O Box 1936, Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.	
Turkey Track Sec 3 UNIT	1	Turkey Track Queen Grayburg	State, Federal or Fee	State B	8876
Location					
Unit Letter	B	660 Feet From The	North	Line and	1980 Feet From The
Line of Section	3	Township	19	Range	29
			NMPM,	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Navajo Refg. Co., Pipeline Division				No. Freeman Ave, Artesia, N Mex 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
None							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When	
	F	3	19	29	No		

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

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, 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 all able 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 (Shut-in)		Casing Pressure (Shut-in)			Choke Size			

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 JUN 2 1976	
Rudy Wickersham (Signature) Secretary (Title) April 8, 1976 (Date)		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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi Separate Forms C-104 must be filed for each pool in multi completed wells.	