

APR 15 1976

I.

Operator

D. R. Clary

Address

P O Box 1267

Odessa, Texas 79760

D.C.C.

ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Recompletion

Oil

Dry Gas

Change in Ownership ☒

Casinghead Gas

Condensate

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	16	Turkey Track Queen Creek	State, Federal or Fee <u>State</u> <u>B</u>	9739
Location				
Unit Letter <u>P</u>	; <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u>			
Line of Section <u>3</u>	Township <u>19</u>	Range <u>29</u>	, NMPM, <u>Eddy</u> 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. 1 Freeman Ave., Artesia, N. Mex. 98210	
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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	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)

OIL WELL			
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

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.

Secretary

(Title)

April 8, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 2 1976, 19

BY W. G. Messer
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 deviate 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 owner name or number, or transporter, or other such change of condition.

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