DISTRIBUTION		
SANTA FE	/	
FILE	/	L
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	/	
TRANSPORTER GAS		
OPERATOR	/	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMM. ON

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAR 30 1977

O. C. C.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-11[illegible]
Effective 1-1-65

Operator: D. R. Clary

Address: P.O. Box 1267 Odessa, Texas 79760

Reason(s) for filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-1-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Turkey Track Section 3 Unit	17	Turkey Track Queen-Grbg.	State, Federal or Fee State	B-8876-10

Location

Unit Letter I ; 2310 Feet From The South Line and 990 Feet From The East

Line of Section 3 Township 19S Range 29E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co. Pipeline Dept.	Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	3	19S	29E		

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/23/76	2/1/77	2650	2580
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
GLE- 3410	Queen-Grayburg	2196	2550
Perforations 2564-2568, 2550-2554, 2528-2532, 2510-2516, 2228-2284, 2196-2212			**Depth Casing Shoe** 2650

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	8 5/8"	337	100
7 7/8"	5 1/2"	2650	250
	2 3/8	2550	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/1/77	2/2/77	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	---	---	No
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
15 Bbls	12	3	6

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**

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.

(Signature)

Asst. - D.E.
(Title)

3/21/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 31 1977, 19 _____

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.