	D.STRIBUTION SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	AND AND AUTHREZENDED BY TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE			
	TRANSPORTER GAS SEP 3 0 1986			
I.	OPERATOR O. C. D. PRORATION OFFICE ARTESIA, OFFICE			
	Timothy D. Collier			
	Address P. O. Box 798, Artesia, NM 88211-0798			
	Reason(s) for filing (Check proper box New We!1 Becompletion Change in Ownership X	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	nsale	
	If change of ownership give name and address of previous owner	Barber Oil, Inc., 1	P. O. Box 1658, Car	lsbad, NM 88220
11.	DESCRIPTION OF WELL AND	LEASE Well No.   Pool Name, Including F	ormation Kind of Lea	ise Lease No.
	Turner Federal7Russell-YateLocation		State, Fede	ral cr FeeFed. LC-050797
	Unit Letter		ee and 2310 Feet From	n The <u>E</u>
	Line of Section 13 Tow	vnship 205 Range	28E , NMFM,	Eddy County
11	DESIGNATION OF TRANSPOR	IER OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of Off	XX or Condensate	Address (Give address to which app	
	Navajo Crude Oil Purchasing		P. O. Drawer 159 Artesia, NM 88210 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. Ege. 13 20S 28E		Is gas actually connected? When	
		th that from any other lease or pool,	give commingling order number:	
i <b>v.</b>	Designate Type of Completion - (X)		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.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	<u>1</u>	1	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT Part ID-3
				10-17-86
1				chy ap
v.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a)	fter recovery of total volume of load o	il and must be equal to or exceed top allou -
	OIL. WEI.L       able for this depth or be for full 24 hours)         Date First New Oil Bun To Tanks       Date of Test         Producing Method (Flow, pump, gas lift, etc.)			lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas - MCF
	Actual Proat During Test			
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitci, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
л.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERV	ATION 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 OCT 10 1986 19	
			EY Criginal Signed By Les A. Clements	
			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 term raken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections 1. II. III, and VI for changes of owner.	
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		······································	Fill out chay Section 1, 11, 11, and to the hange of condition, well name of number, of transporter, or other such change of condition, the same Forma C-100 must be filed for each poel in multiply	