FILE		CONSERVATION COM ION	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	AUTRECEIVEDIBY OT	RANSPORT OIL AND NATURA	AL GAS
TRANSPORTER OIL GAS	SEP 3 0 1986		
OPERATOR	O. C. D.		
1. PRORATION OFFICE Operator	ARTESIA, OFFICE		
Time	othy D. Collier		
Address P. C	. Box 798, Artesia, NM	88211-0798	
Reason(s) for filing (Check pro New Well Recompletion Change in OwnershipX	per box) Change In Transporter of: Oil Dry Casinghead Gas Conc	Gas	
If change of ownership give r and address of previous owne	Barber Oil, Inc.,	P. O. Box 1658, Ca	rlsbad, NM 88220
II. DESCRIPTION OF WELL			
Turner Federal	Well Nc. Pool Name, Including	· · · · · · · · · · · · · · · · · · ·	deral or FeeFed. LC-050797
Location			······································
Unit Letter ;	959 Feet From The S	ine and 1669 Feet Fr	om The W
Line of Section 13	Township 20S Range	28E , NMFM,	Eddy County
III. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of Off XX or Condensate Navajo Crude Oil Purchasing Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159 Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)	
If well produces all or liquids, give location of tanks.	Unit Sec. Twp. Rge.		When.
	ed with that from any other lease or pool		
IV. COMPLETION DATA	Oil Well Gas Weli	New Well Workover Deepen	Plug Back ¹ Same Res ¹ v. ¹ Diff. Res ¹ v.
Designate Type of Com	pletion - (X)		
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
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			10-12-86
			chy ap
V. TEST DATA AND REQUES OIL WELL	TFOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load (epth or be for full 24 hours)	oil and must be equal to or exceed top allow -
Date First New Cil Run To Tank		Producing Method (Flow, pump, gas	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
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GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. 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.		OIL CONSERVATION COMMISSION OCT 10 1986	
		Driginal Signed By	
		EYLes A. Clements	
		Superv	
= - a they for	Carlan	It this is a request for all	n compliance with RULE 1964. lewable for a newly drilled or definition gamied by a troulation of the deviations contance with RULE 1915.
		All rections of this form i	must be filled out completely for silene
21.1.1.1, 1980		tile on new rnd recompleted Fill out only Sections I.	H III and VI for changes of expe-
		well have or number, or transp	orter, or other such change of condition- ust by filed for each pool in multiply