

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Turner Production Company

Address

One Energy Square, Suite 852, 4925 Greenville Ave., Dallas, Texas 75206

Reason(s) for filing (Check proper box)

New Well



Change in Transporter of:

Recompletion



Oil



Dry Gas



Change in Ownership



Casinghead Gas



Condensate



Other (Please explain)

Operator change from Estate of J. Glenn Turner to Turner Production Company.

If change of ownership give name
and address of previous owner

N/A

DESCRIPTION OF WELL AND LEASE

Lease Name Federal 28	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee	Lease No. SF-078128
Location				
Unit Letter <u>P</u> : <u>830</u> Feet From The <u>South</u> Line and <u>1040</u> Feet From The <u>East</u>				
Line of Section <u>28</u> Township <u>30N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corp.	P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P.O. Box 990, Farmington, N.M. 87401					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 28	Twp. 30N	Rge. 9W	Is gas actually connected? <input checked="" type="checkbox"/>	When March 26, 1982

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9/25/81	Date Compl. Ready to Prod. 10/30/81		Total Depth 7043'		P.B.T.D. 7036'			
Elevations (DF, RKB, RT, GR, etc.) 5834 Gr.	Name of Producing Formation Dakota		Top Oil/Gas Pay 6882'		Tubing Depth 6898'			
Perforations 6992-7015 ft. & 6882-6908					Depth Casing Shoe 7039'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 3/4"	9 5/8", 32.3#, H-40	238'	190 sks.
8 3/4"	7", 20.0#, K	2725'	450 sks.
6 1/4"	4 1/2", 11.6&10.5# J-55	7039'	2-str: 125&150 sks.
4 1/2"	2 3/8", 4.7#, J	6898'	

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks N/A	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 1,301 MCFPD	Length of Test 3 hr.	Bbls. Condensate/MMCF Trace	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1662 psi	Casing Pressure (shut-in) 1651 psi	Choke Size 3/4"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Fred E. Turner

(Signature)

President

(Title)

July 26, 1982

(Date)

OIL CONSERVATION DIVISION

JUL 28 1982

APPROVED _____, 19__

BY Original Signed by _____

TITLE SUPERVISOR OF _____

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.

Separate Forms C-104 must be filed for each pool in multiply zoned wells.