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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes OIL C-101 and C-102  
Effective 1-1-65

**RECEIVED**

SEP 19 1969

O. C. C.  
ARTERIA, OFFICE

I. Operator  
Atlantic Richfield Company ✓  
Address  
P. O. Box 1978 Roswell, New Mexico 88201  
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)  
Eff: 7-1-69 from Kelly  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Turner "B" Lease No. Well No. 7 Pool Name, including Formation Grayburg Jackson Q.G.S.A. Kind of Lease State, Federal or Fee Federal  
Location  
Unit Letter 0 : 660 Feet From The South Line and 1980 1970 Feet From The East  
Line of Section 17 Township 17S Range 31E, NMFM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Continental Oil Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 1267, Ponca City, Oklahoma 74601  
If well produces oil or liquids, give location of tanks. changed Unit D Sec. 29 Twp. 17S Rge. 31E Is gas actually connected? Yes When 6-2-60

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.  
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 allowable for this depth or be for full 24 hours)  
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 Casing Pressure 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.  
Signature  
Acctg. Nat'l. Suprv.  
August 28, 1969  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED SEP 19 1969  
BY W. C. Sessett  
TITLE  
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 completed wells.