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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

MAY 13:94

SUPERVISOR, DISTRICT IL

DISTRICT III	Santa re, New Mexico 67504-206
1000 Rio Brazos Rd., Aztec, NM 87410	

Santa Fe. New Mexico 87504-2088

	REQ				BLE AND L AND NA		AS AR	TESIA, OFFIC		
OXY U							Well	API No.	30-015-	27885
ddress P.O.	Box 502	250	Mid	land, T	:X: 7971	.0				
eason(s) for Filing (Check proper box)					X Ou	er (Please exp	lain)			
w Well		Change in	Transp	orter of:	Request			roduce 8	sell sell	
completion 2 🔲	Oil		Dry G		approxim	ately 25	500 bbl	oil whi	le testi	ng
ange in Operator	Casinghe		Conde		well.					
nange of operator give name	· · · · · · · · · · · · · · · · · · ·		·							
address of previous operator DESCRIPTION OF WELL	AND LE	EASE								
ise Name			Pool N	iame, includ	ing Formation in Ranch	Pono Cna		of Lease Federal or Ki		M9818
Government S		1 ,	Jord	MIIIIII	ni kanen		soc.		INPIN	19010
ation	1 (380			North		120		Foot	
Unit LetterG	;	500	Feet F	rom The _	North Lin	e and	130 F	eet From The	East	Lit
Section 3 Townsh	ni p 209	5	Range	28 E	. , N	мрм,	E	ddy		County
DESIGNATION OF TRAI	NSPORTI	ER OF O	IL AN	ID NATU	RAL GAS					
ne of Authorized Transporter of Oil		or Condex				re address to w	hich approved	copy of this f	form is to be se	nt)
Scurlock Permian Co				لــــا	1	30x 4648				-
ne of Authorized Transporter of Casi			or Dry	Gas	Address (Giv	e address to w	hich approved	copy of this f	form is to be se	#)
vell produces oil or liquids,	Unit	Sec.	Twp	Rge.	1 -		When	1 ?		
	J G	3	<u> </u>	28E		Ю		 		
production is commingled with that COMPLETION DATA	t from any of	ther lease or	pool, gi	ve comming	ling order num	ber:				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded	Date Corr	pl. Ready to	Prod.		Total Depth	L	1	P.B.T.D.	J	J
4/12/94		5/5/94				6600 '			6554	
ations (DF, RKB, RT, GR, etc.)	Name of 1	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3277	1	Bone Springs			6266'			6159'		
prations	, 1001	<u>~</u>	<u></u>		<u></u>	<u> </u>		Depth Casin		
6266	• - 64 ⁴	43 '							6600 '	
0200			CASI	NG AND	CEMENTI	NG RECOR	D.			
HOLE SIZE		ISING & TL			DEPTH SET			SACKS CEMENT		
17 1/2"	1 -	13 3/8"			400'			415		
11"		8 5/8"			30001			1100		
7.7/8"		5 1/2"		6600			525			
	-	2 3/8"		6159						
FEST DATA AND REQUE WELL (Test must be after		ALLOWA	ABLE	اسم الم	he annal to co		munhla for at "	a damih an bir	for 6.11.24 L	<u> </u>
First New Oil Run To Tank	Date of Te		y ivia	vi unu misi		exceed top and ethod (Flow, pr			w juit 24 hold	•./
5/5/94 gth of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size		
al Prod. During Test	Oil - Bbls.	Oil - Bbis.			Water - Bbls.			Gas- MCF		
	<u> </u>					 				······································
S WELL al Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Gravity of C	ondensate	
		Length of Test								
ng Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
OPERATOR CERTIFIC hereby certify that the rules and regul	ations of the	Oil Conserv	ration			OIL CON	ISERV	ATION I	DIVISIO	N
ivision have been complied with and true and complete to the best of my			T WOOVE		Dota	Approvo		MAY 1 6	1994	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Printed Name

David Stewart

5/10/94

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

Regulatory Analyst

915-685-5717

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.