

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

EXCLUSIVE 1-1-65

Operator
General Operating Company
 Address
711 Commerce Building, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Re-activate shut-in well by opening Penrose sand from 4315-20' for production along with existing production from Upper Queen sand perfor in 1 1/2" OD casing from 4526'-4616' overall.	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner

CASINGHEAD GAS MUST NOT BE FLARED AT ANY TIME
 2/11/75
UNLESS AN EXCEPTION TO THIS IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scharbauer Cattle Co.	Well No. 2	Pool Penrose-Queen	Section of Lease 20	State, Federal or Fee Lea	Fee -	Lease No. -
Location						
Unit Letter L	2080	Feet From The South	Line and 350	Feet From The West		
Line of Section 20	Township 18S	Range 34E	County Lea			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	P. O. Drawer 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 E	Sec. 20	Twp. 18S	Rge. 34E	Is gas actually connected? No	When -

If this production is commingled with that from any other lease or pool, give commingling order number: **-**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res. <input checked="" type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded NA	Date Compl. Ready to Prod. 5-10-75		Total Depth 4855'		P.B.T.D. Plus Additional zone same reservoir.			
Elevations (DF, RKB, RT, GR, etc.) 4069' DF	Name of Producing Formation Upper Queen-Penrose Sand		Top Oil/Gas Pay 4526'		Tubing Depth 4596'			
Perforations 4526'-39', 4545'-65', 4585'-99', 4610'-16' w/2 holes/ft. - Upper Queen and Open Hole 4720'-4855' - Penrose.					Depth Casing Shoe 4720'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8" OD		230'		250			
7-7/8"	4 1/2" OD		4720'		400			
4"	2-7/8" OD		4596'					

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 5-11-75	Date of Test 5-14-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure Flow Line	Casing Pressure Flow Line	Choke Size None
Actual Prod. During Test 39 BF	Oil - Bbls. 6	Water - Bbls. 0	Gas - MCF 1500

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

C. W. Stumhoffer

C. W. Stumhoffer (Signature)
Partner (Title)

May 16, 1975 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY *[Signature]*
 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.