

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.B.	
LAND OFFICER	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICER	

I. OPERATOR
Operator: John Yurenka

Address: _____

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:				
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>	Effective 9-1-84
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Charm State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Jalnat - Yates & 7 Rivers</u>	Kind of Lease State, <u>PRODUCTION</u>	Lease No. <u>V-37-1</u>
Location				
Unit Letter	<u>I</u>	: <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>		
Line of Section	<u>36</u>	T. <u>21-S</u>	Range <u>35-E</u>	, NMPM, <u>Lea</u> County

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)
<u>Scurlock Oil Company</u>	<u>511 West Ohio, Suite 303, Midland, TX 79701</u>
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)
<u>Phillips Pet. Co.</u>	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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 (pilot, back pr.)	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John Yurenka
(Signature)
Authorized Agent
(Title)
September 4, 1984
(Date)

OIL CONSERVATION DIVISION
SEP 6 1984

APPROVED _____, 19____

BY JERRY SEKTON
TITLE DISTRICT SUPERVISOR

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.

RECEIVED

SEP 5 1984

O.C.B.
HONORS OFFICE