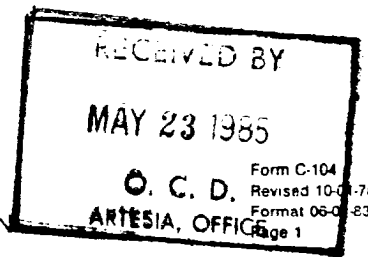


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Doe  
N. Baer Nichols ✓

Address  
P.O. Box 1972 Midland, Texas 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Alma Shields</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Acme(San Andres)</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location Unit Letter <u>M</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>7S</u> Range <u>27E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u> Permitted (2/9/1/87)	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston Texas 77001</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)			
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>33</u>	Twp. <u>7S</u>	Rge. <u>27E</u>
	Is gas actually connected?		When <u>6-7-85</u> <u>Chg ep</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

John E. Nichols  
(Signature)  
Production Technician  
(Title)  
5-21-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 29 1985, 19\_\_\_\_  
BY LARRY BROOKS  
GEOLOGIST - NMOCD  
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.

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well X	Gas well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Added 4-15-85	Date Compl. Ready to Prod. 5-11-85		Total Depth 2094		P.B.T.D. 2082			
Elevations (DF, RKB, RT, GR, etc.) 4101 GL - 4010 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 1919 - 1930		Tubing Depth 1978			
Perforations 1930 to 1972 13 Holes					Depth Casing Shoe 2094			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7"	285'	100
6 1/2 "	4 1/2 "	2094	100
	2 3/8"	1978	

**V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-15-85	Date of Test 5-13-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs	Tubing Pressure	Casing Pressure 0	Choke Size None
Actual Prod. During Test 24 Bbls	Oil - Bbls. 24	Water - Bbls. 8	Gas - MCF 2.8

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**Deveation Test**

285 3/4°  
 995 3/4°  
 1600 1 1/4°  
 2094 3/4°

*John E. Miller*  
 Production Technician

*Jana J. Laughlin*  
 Commission Expires 11-30-88