

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

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

4

|             |     |   |
|-------------|-----|---|
| FILE        | 1   | ✓ |
| U.S.G.S.    |     |   |
| LAND OFFICE |     |   |
| TRANSPORTER | OIL | 1 |
|             | GAS | 1 |
| OPERATOR    |     | 1 |
| PROMOTION   |     |   |
| OFFICE      |     |   |

(TIP)

RECEIVED

JUL 12 1978

Operator: Quality Oil, Inc. G. B. S.

Address: 1345, Artesia, New Mexico 88210

Reason(s) for change:  Check proper box Other (Please explain)

New Well  Change in Transporter of:  
 Recompaction  Oil  Dry Gas   
 Change in Operator  Casinghead Gas  Condensate  *from previous*

Change of ownership: Give name and address of previous owner: Leonard Latch, Suite 507 Texas Commerce Bank Bldg., Lubbock, TX 79401

**DESCRIPTION OF WELL AND LEASE**

|  |                       |  |   |                               |
|--|-----------------------|--|---|-------------------------------|
| Lease Name<br><u>Brooks</u>  | Well No.<br><u>16</u> | Pool Name, including Formation<br><u>Empire Yates SR</u> | Kind of Lease<br>State, Federal or Fee <u>Federal</u> | Lease No.<br><u>LC050349A</u> |
| Location:<br>Unit Letter <u>D</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u><br>Line of Section <u>19</u> Township <u>17</u> Range <u>28</u> , NMPM, <u>Eddy</u> County |                       |  |   |                               |

**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>1501 Houston Club Bldg., Houston, TX 77002</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, liquids, give location of well: Unit D Sec. 19 Twp. 17 Rge. 28 Is gas actually connected? No When \_\_\_\_\_

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

**VI. 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, RT, RT, CR, etc.)           | Name of Producing Formation | Top Oil/Gas Pay |          | Tubing Depth |              |                   |             |              |
| Perforations                                |                             |                 |          |              |              | Depth Casing Shoe |             |              |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |                 |          |              |              |                   |             |              |
| CASING & TUBING SIZE                        |                             | DEPTH SET       |          |              | SACKS CEMENT |                   |             |              |
|   |                             |                 |          |              |              |                   |             |              |
|   |                             |                 |          |              |              |                   |             |              |

**VII. 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 Flow Started 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  |

**VIII. GAS WELL**

|                                      |                           |                           |                       |
|--------------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. To Tank (DF/D)          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (Flow, shut-in, etc.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

**IX. CERTIFICATION 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.

Robert Parker  
 (Signature)  
 Accountant  
 (Title)  
 7-7-78  
 (Date)

OIL CONSERVATION COMMISSION  
 JUL 25 1978  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY W. A. Gessert  
 TITLE SUPERVISOR, DISTRICT II

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 reworked 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 conditions.  
 Separate Forms C-104 must be filed for each pool in multiple