Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

## Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 RECEIVED

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWARI F AND ALITHORIZATIO

APR 27 '90

I.						AUTHORII ATURAL GA			APR	27 90	
Operator	1.	OTHA	NOF	JHT OIL	AND NA	TOHAL GA		API No.		<del>ي</del> .	
Oilfield Training Center Foundation									Aki.	M. OFFICE	
P.O. Box 1714, I	Roswell,	NM	8820	01							
Reason(s) for Filing (Check proper box)					Oi	her (Please explo	ain)				
New Well	Oil C	hange in 전寸	Transpor								
Change in Operator	Casinghead		Conden	_							
If change of operator give name	Canigicat	U-1	Collecti			<del></del>					
and address of previous operator	· · · · · · · · · · · · · · · · · · ·	<del></del>									
II. DESCRIPTION OF WELL	AND LEAS	SE	Ell	1/NS							
ease Name Well No. Pool Name, Includ								Lease No.			
				deat, S	San Andres			Federal or Fee L-5343			
Location Unit LetterP	:660	)	Feet Fro	om The So	outh Li	ne and66	0Fe	et From The	East	Line	
Section 16 Township 7S Range 28E						, NMPM, Chav			ves County		
III DESIGNATION OF TRAN	CDADTED	\C \1	II ANI	n Nati	DAT CAS	ì					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden					hich approved	copy of this	form is to he se	m)	
Permian Corp. SCUNLOCK PERMIAN CORP EFF 9-1-91					Address (Give address to which approved copy of this form P.O. Box 3119, Midland, TX 79					•	
Name of Authorized Transporter of Casinghead Gas			or Dry		Address (Give address to which approved					ni)	
If well produces oil or liquids,	Unit S	Sec.   Twp.   Rge.			Is gas actually connected? When			?			
give location of tanks.	1		L	J						·	
If this production is commingled with that f IV. COMPLETION DATA			·				1				
Designate Type of Completion	- (X)	Oil Well		Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	pudded Date Compl			•	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						<del>*************************************</del>	<del></del>	Depth Casir	Depth Casing Shoe		
	TU	JBING,	CASIN	NG AND	CEMENT	ING RECOR	.D	J			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			0 1	SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·								Post	ID-3		
· · · · · · · · · · · · · · · · · · ·								5-	1-90	4	
							chg LT: NRC				
V. TEST DATA AND REQUES	T FOR AL	LOWA	BLE		L	<del></del> -		~			
OIL WELL (Test must be after re				oil and must	be equal to o	or exceed top allo	owable for this	depih or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		,			Method (Flow, pa			, , , , , , , , , , , , , , , , , , , ,		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1							J			
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			
VI. OPERATOR 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.					OIL CONSERVATION DIVISION  Date Approved MAY 2 1990						
Simon Cary					By ORIGINAL SIGNED BY						
Signature Bob Cates, Director					MIKE WILLIAMS						
Printed Name Title					Title SUPERVISOR, DISTRICT IT						
4/25/90	624-	-7337	1			·				·	
Date		Telej	phone N	0.							

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.