

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

I. Operator JULIAN ARD

Address 303 Main Street, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

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

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Acme #2</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Acme, San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>7294</u>
Location				
Unit Letter <u>C</u> : <u>1650</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>North</u>				
Line of Section <u>4</u> Township <u>8S</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation</u>	<u>Box 838, Lovington Hwy., Hobbs, N. M. 88240</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 Sec. Twp. Rge.
	Is gas actually connected? When

*Post ID-3
4-24-87
alg hT: NRE*

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.

Agura Boyeman
(Signature)
Production Agent
(Title)
April 14, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 23 1987, 19 _____
BY _____ Original Signed By
Les A. Clements
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 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 Spudded 2-28-86	Date Compl. Ready to Prod. 7-25-86	Total Depth 2005'		P.B.T.D. 1992'					
Elevations (DF, RKB, RT, GR, etc.) 3976 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 1936'		Tubing Depth 1980'					
Perforations 1936 to 1970							Depth Casing Shoe 2003'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12"	8 5/8 - 24 lb.		330		350 circulated				
8"	4 1/2 - 11.60 lb.		2003		100 sx				
4"	2 3/8 - 4.70 lb.		1980		None				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 Test tank 7-26-86	Date of Test 10-9-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 10 P.S.I.	Casing Pressure -0-	Choke Size 2"
Actual Prod. During Test 14 bbl.	Oil - Bbls. 4 bbl.	Water - Bbls. 10 bbl.	Gas - MCF T.S.T.M.

GAS WELL

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