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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

JUN 26 1992

O. C. D.
DISTRICT OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator N. Dale Nichols		Well AP No.
Address P.O. Box 1972, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☒ Change in Operator ☐ Casinghead Gas ☐ Condensate ☒ ☐ Other (Please explain)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Lynx	Well No. 1	Pool Name, including Formation N. Twin Lakes Fussleman	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G, 1815 Feet From The North Line and 1980 Feet From The East Line Section 19 Township 8S Range 29E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Scurlock Permian Corporation		Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, Texas 77210-4648		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Oxy USA		Address (Give address to which approved copy of this form is to be sent) P.O. Box 9359, The Woodlands, Tx 77387-9359		
If well produces oil or liquids, give location of tanks.	Unit G	Sec 19	Twp 8S	Range 29E Is gas actually connected? Yes When? 1-1-92

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
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 Tank	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. 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.	
Signature John E. Nichols	Production Tech.
Printed Name 6-15-92	Telephone No. (915) 682-5621
Date	

OIL CONSERVATION DIVISION

Date Approved JUL 10 1992

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.