

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator N. Dale Nichols ✓		RECEIVED  SEP 06 '88  O. C. D. ARDESHA OFFICE
Address P.O. Box 1972, Midland, Texas 79702		
Reason(s) for filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership		Other (Please explain)
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alma Shields	Well No. 9	Pool Name, including Formation ACME (San Andres)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M : 990 Feet From The South Line and 330 Feet From The West Line of Section 33 Township 7S Range 27E, NMPM, Chaves 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"/> Permian Operating Limited Partnership	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77251-1183					
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 M	Sec. 33	Twp. 7S	Rge. 27E	Is gas actually connected? NO	When Post ID-2 9-16-88 comp + BK

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)  
8-31-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 7 1988, 19  
BY Original Signed By  
TITLE Mike Williams

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 4-26-88	Date Compl. Ready to Prod. 7-25-88	Total Depth 1980'			P.B.T.D. 1980'				
Elevations (DF, RKB, RT, GR, etc.) 4015 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 1920			Tubing Depth 1960				
Perforations Open Hole From 1920 to 1980						Depth Casing Shoe 1920			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 7/8		7 5/8		311		110			
6 3/4		5 1/2		1920		125			
4 3/4		2 3/8		1960					

#### 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 7-25-88	Date of Test 8-15-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs	Tubing Pressure 10 PSI	Casing Pressure 0	Choke Size -
Actual Prod. During Test 4 BF	Oil - Bbls. 3 B0	Water - Bbls. 1 BW	Gas - MCF 1 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