

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-70

DATE OF OFFER RECEIVED	
DISTRIBUTION	
APPROVED	☒
FILE	☒
RECORD	☒
AND OFFER	
TRANSPORTER	☒
OPERATION	☒
PRODUCTION OFFICE	
PERMIT	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN 13 1983

O. C. D.

ARTESIA, OFFICE

Address JOE L. TARVER
3405 69th DR. Lubbock, Texas 79413

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CHANGE PHYSICAL OPERATOR

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name SR LG UNIT Well No. 31 Pool Name, including Formation Red Lake Embayore Kind of Lease Federal Lease No. LC 987551
Location State, Federal or FeeUnit Letter N : 730 Feet From The South Line and 2300 Feet From The WestLine of Section 35 Township 17 North Range 27 East County Eddy

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Navajo Resining Co. P.O. Box 10000 N. FREEMAN ARTESIA, NM
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)Does well produce oil or liquids, or location of tanks. None Unit I, Sec. 35, Twp. 17, Rge. 27 Is gas actually connected? ☐ When

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

COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Sand Heavy ☐ Diff. Heavy
Date Spudded Date Compl. Ready to Prod. Total Depth P.S.T.D.
Conditions (DF, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Testing Depth
Observations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

First New Oil Run To Tanks	Date of Test	Producing Method (Pump, gas lift, etc.)
Length of Test	Testing Pressure	Casing Pressure
Total Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Total Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Casing Size

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 correct to the best of my knowledge and belief.

Joe L. Tarver
(Signature)OWNER
(Title)JUNE 10 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 21 1983, 19

Original Signed By

BY Leslie A. Clements

Supervisor District II

TITLE
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 deviating 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 change of owner, well name or number, or transporter or other such change of complete separate Form C-101 must be filed for each pool in multi-completed wells.