

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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JUN 13 1983

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	☒
OIL	
GAS	
OPERATION	
REGISTRATION OFFICE	
PERMIT	

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐ CHANGE PHYSICAL OPERATOR
Change in Ownership ☐

Change of ownership give name
and address of previous ownerTom R. Minihan
P.O. Box 4364 Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>SRLG UNIT</u>	<u>21</u>	<u>Red Lake (Grayberg)</u>	State, Federal or Fee <u>STATE</u>	<u>B752</u>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<u>K</u>	<u>2310</u>	<u>South</u>	<u>1650</u>
	Line of Section	Range	Range	County
	<u>36</u>	<u>17 SOUTH</u>	<u>27 EAST</u>	<u>Edley</u>

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)

INDUCTION WELL

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	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	Same Restv.	Drill Restv.
Is Spudded	Data Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Formations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
NEW 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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Produced 10' - 23' 37'

S WELL

Total Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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 complete 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, 19Original Signed by
BY Leslie A. ClementsTITLE 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 deviating
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able 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 Form C-101 must be filed for each pool in multiple
completed wells.