,	,			
5. OF COPIES RECEIVED	1		~.4	
DISTRIBUTION		CONSERVATION COM	;ON	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-1. Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	AND MAIMA IIO TROPINA	ATUDAL CA	
AND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND N	ATUKAL GA	RECEIVED
HANSPORTER OIL				
GAS	4			JUL 1 2 1978
PRORATION OFFICE	4			00L 1% 13/8
greator				C. C. C.
Quality Oil,	Inc.			ARTESIA, OFFICE
Address		10		
	esia, New Mexico 882		,	
Reason(s) for filing (Check proper box	/ Change in Transporter of:	Other (Please	explain)	
Recompletion	Oil Dry Go	rs [
hange in Ownership X	Casinghead Gas Conde	r.sate		
If change of ownership give name_		505 m	n	1 51 7 11
and address of previous owner	eonard Latch, Suite	507 Texas Com	merce Ba	nk Bldg.,Lubbock,
II DESCRIPTION OF WELL AND	I FASE			TX 79401
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F		Kind of Lease	Lease No.
Brooks	14 Empire Ya	tes SP	State, Federal o	Fee Federal LC050349
oration				
:t Letter G :16	30 Feet From The North Lir	e and 2310	_ Feet From The	East
Top 1 Section 19	wnship 17 Range	28 , _{NMPM} ,	Eddy	County
Line of Section 19 To	whenth	, restricted		County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA			
Convenience Of Transporter of Oil		i		copy of this form is to be sent)
Scurlock Oil Co				g., Houston, TX 7700
Tre of Aumstrized Transporter of Ca	Singhous day	1	witten approved	copy of this form is to be sem,
it well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected	i? When	3
Type Invation of tanks.	G 19 17 28	No		
	th that from any other lease or pool,	give commingling order	number:	
V. COMPLETION DATA	Cil Weli Gas Weli	New Well Workover	Deepen F	Plug Back Same Resty. Diff. Resty.
Designate Type of Completic	on = (X)			
Cate Spudded	Date Compl. Ready to Prod.	Total Depth	1	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Off/Gas Pay		Tubing Depth
Ferforations			1	Depth Casing Shoe
,				
	TUBING, CASING, AN	CEMENTING RECORD)	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
		 		
		<u></u>		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volum	ne of load oil and	i must be equal to or exceed top allow
OIL WELL	able for this do	producing Method (Flow,		etc.)
ate First New Oil Run To Tanks	Date of Teat	Froducing Method (1 100)	pap, g as,.,	red
Length of Test	Tubing Pressure	Casing Pressure		Choke Size
				1 P 8 1 T
Actual Prod. During Test	Oil-Bble.	Water - Bbls.		Gas-MCF
				1 - 6
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Τ,	Gravity of Condensate
Actual Prod. 1981-MCF/D	Length of 1994	Duts, Condensate/MMCF		3.24, 5. 55
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
		400000	JUL 2 5 19	78
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED		resset
Commission have been complied to above is true and complete to the	with and that the information given e best of my knowledge and belief.	BY	U, X	resserv

VI

Accountant 7-7-78

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 sllow-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 Forms C-104 must be filed for each pool in multiply