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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PROGRATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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JUL 19 1978

Operator
Quality Oil, Inc.
Address
Box 1345, Artesia, New Mexico 88210
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)

If change of ownership give name and address of previous owner
Leonard Latch, Suite 507 Texas Commerce Bank Bldg., Lubbock, TX 79401

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Brooks
Well No.
17
Pool Name, including Formation
Empire Yates
Kind of Lease
State, Federal or Fee Federal
Lease No.
LC050349A
Location
Section
19
Township
17
Range
28
NMPM
Eddy
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designate Authorized Transporter of Oil or Condensate
Scurlock Oil Company
Address (Give address to which approved copy of this form is to be sent)
1501 Houston Club Bldg., Houston, TX 77002
Designate Authorized Transporter of Casinghead Gas or Dry Gas
Address (Give address to which approved copy of this form is to be sent)
Unit
Sec.
Twp.
Rge.
Is gas actually connected?
When

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

IV. COMPLETION DATA

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 Tanks
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

Filed
JUL 23 1978
Chas. J. [Signature]

GAS WELL

Actual Prod. Test-MCF/D
Length of Test
Bble. Condensate/MMCF
Gravity of Condensate
Testing Method (pitot, back pr.)
Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)
Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ruby Parker
(Signature)
Accountant
(Title)
7-7-78
(Date)

OIL CONSERVATION COMMISSION

JUL 25 1978

APPROVED
BY
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 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