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u.s.g.s.			<u> </u>
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
			T

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

U.S.G.S.	AUTHORIZATION TO TR▼	(NSPORTEOIL WNEINDITURAL (	GAS
LAND OFFICE	4		
TRANSPORTER GAS /	FEB 2 8 1973		
OPERATOR			
PRORATION OFFICE	O. C. C.		
Operator Vator Datrole	um Corporation	ARTESIA, OFFICE	
	Street - Artesia, N	M 88210	
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Ga		Continued Con
Recompletion	Oil Dry Ga Casinghead Gas Conder		Casinghead Gas
Change in Ownership	Cusingilear Cas		
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F		1.M036191 Lease No
Federales BO	4 Eagle Creek	S.A. State, Federa	nor Fee Ped.
Location			
Unit Letter; 990	Feet From The Orth Lin	ne and 2310 Feet From	The <u>Cest</u>
	179	25v F66	lv a
Line of Section 22 To	ownship 1/5 Range	ZJE , NMPM, EGG	'Y County
	AND STATE OF STATE OF	16	
Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)
		1216 Vaughn BldgMidland, TX 79701	
Scurlock Oil Com Name of Authorized Transporter of Co	rsinghead Gas X or Dry Gas	or Dry Gas Address (Give address to which approved copy of this form is to be sent)	
22 attacher	lucism Corporation	207 Ao. 4 Aby Street	- Witchen 2,7788211
PERSONAL CONTROL OF THE PERSON	Unit Sec. Twp. Rge.		nen
If well produces oil or liquids, give location of tanks.	D 23 17S 25E	Yes	2-28.73
•	the state of the s	give commingling order number:	*.
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give comminging order number.	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Rest
Designate Type of Completi	.on - (X)	1 1	1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Tubia Dash
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TURING CASING AN	D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
		1	
THE DATE AND RECKIEST I	COP ALLOWARIE (Test must be	after recovery of total volume of load oi	l and must be equal to or exceed top all
TEST DATA AND REQUEST I		lepth 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
			George MCE
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF
GAS WELL		This Continues Andre	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Control Liesante Conge_tm	J
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A TION COLUMNICS CO.
. CERTIFICATE OF COMPLIA	NCE	1	ATION COMMISSION
			. 19
I hereby certify that the rules and	d regulations of the Oil Conservation	1	
Commission have been complied above is true and complete to t	with and that the information given he best of my knowledge and belief.		
•		TITLE OIL AND GAS INSPEC	
_ 1			
(1.1.	1. 1. 1. 1	This form is to be filed in compliance with RULE 1104.	

(Signature)

(Title)

(Date)

Engineer

Mahfood -

2-9-73

Eddie M.

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