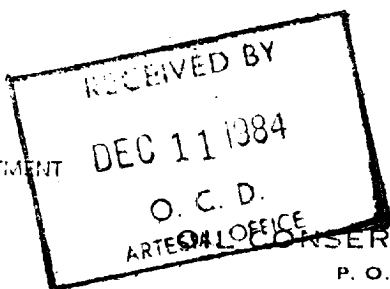


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

RECEIVED	
DEFERRED	
RENTAL	
FILE	
US. OIL	
LAND OFFICE	
TRANSFER	
OPERATION	
PRODUCTION	



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

Form C-104
Revised 10-01-73
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Joe L. Tarver

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88241

Reason for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Charge in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

LC-050158

Lease Name SRLG Unit	Well No. 44	Pool Name, Including Formation Red Lake Grayburg	Kind of Lease State, Federal or Fee Federal	Lease No. Above
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Location
Unit Letter A : 990 Feet From The North Line and 990 Feet From The East
Line of Section 35 Township 17S Range 27E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - TSTM	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 35
	Twp. 17S	Rge. 27E
	Is gas actually connected? No	
	When Post ID-2 1-11-84 Ramp & BR	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

W. J. Walker
(Signature)
Agent
(Title)
12/10/84
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 11 1985, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 completed wells.

IV. TEST DATA

Type of Completion -- (X)	XXX	XXX	
Date Complet. Ready to Prod.	12/5/83	Total Depth	1650
9/21/84	12/5/83	2493	1650
Name of Producing Formation	Grayburg	Top Oil/Gas Pay	1575
3572.8 GR	Grayburg	1384	1575
1384-1609			2493
12 1/4	8 5/8	353	200
7 7/8	4 1/2	2493	750
	2 3/8	1575	

TEST DATA AND RESULTS FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)			
Date of Test	9/11/84	Producing Method (flow, pump, gas lift, etc.)	Pump
12/5/83	9/11/84	Casing Pressure	Choke Size
24 hours		Water-Bbls.	Gas-MCF
	12	65	TSTM

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	Choke size