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**OIL CONSERVATION DIVISION**  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

**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

Reasons for filing (Check proper box) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

LC-055561

Lease Name So. Red Lake Grayburg Unit	Well No. 45	Pool Name, including Formation Red Lake Grayburg-SA	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location				
Unit Letter B	330	Feet From The North	Line and 1661	Feet From The East
Line of Section 35	Township 17S	Range 27E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

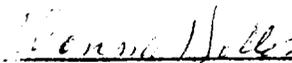
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company	P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None TSTM						
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 1-11-85 Camp + BK

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.

  
 \_\_\_\_\_  
 (Signature)  
 Agent  
 \_\_\_\_\_  
 (Title)  
 11-29-84  
 \_\_\_\_\_  
 (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. COMPLETION DATA

Date of Completion -- (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	Hot Well <input checked="" type="checkbox"/>	Water Well <input type="checkbox"/>	Other <input type="checkbox"/>	Flow Meter <input type="checkbox"/>	Surface Inventory <input type="checkbox"/>	ESL, R.A.M. <input type="checkbox"/>
Date	Date Compl. Ready to Prod.	Total Depth			P.S.T.D.				
9/28/83	12/5/83	1875			1870				
Production (ST, R&B, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
3559.3 GR	Grayburg	1383			1658				
						Depth Casing Shoe			
						1875			
TABLE OF CASING AND TUBING SIZES									
TUBING SIZE		CASING & TUBING SIZE		DEPTH SET		STRENGTH CLASS			
12 1/4		8 5/8		120		60			
7 7/8		5 1/2		1875		425			
		2 3/8		1658					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top casing shoe for this depth or be for full 24 hours)

Date of Test	Date of Test	Producing Method (if low, pump, gas lift, etc.)		
12/5/83	11/5/84	Pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours				
Number of Casing Tests	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	2	10	TSTM	

VI. TEST DATA

Test Pressure (psig)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (water, gas, etc.)	Testing Pressure (psig-12)	Casing Pressure (psig-12)	Choke Size