

RECEIVED

JUN 13 1983

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRICT	
SANTA FE	
FILE	
U.S. GEOLOGICAL SURVEY	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
OPERATOR	

JRE L. TARVER ✓  
Address 3405 69th DR. Lubbock, TEXAS 79413

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)

CHANGE PHYSICAL OPERATOR

Change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Well Name SRLG UNIT Well No. 37 Pool Name, Including Formation RED LAKE GRAYBURG Kind of Lease FEDERAL Lease No. LC002412

Location Unit Letter D : 330 Feet From The NORTH Line and 330 Feet From The WEST

Line of Section 1 Township 18 SOUTH Range 27 EAST, NMPM, Eddy County

## SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)Well produces oil or liquids, ☐ or location of tanks, ☐ 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:

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Spudded								
Date Compl. Ready to Prod.								
Total Depth								
P.B.T.D.								
Drillations (DF, RKB, RT, GR, etc.)								
Name of Producing Formation								
Top Oil/Gas Pay								
Tubing Depth								
Depth Casing Shoe								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE  
NEW WELL

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

## AS WELL

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

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

JRE L. Tarver  
(Signature)Owner  
(Title)JUNE 10 - 1983  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 21 1983

BY Original Signed By  
Leslie A. Clements  
Supervisor District II

TITLE

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.