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

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Joe L. TArver
3405 69th DR. Lubbock, TEXAS 79413
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ CHANGE PHYSICAL OPERATOR

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: SRLG UNIT Well No.: 33 Pool Name, Including Formation: Red Lake Grayburg Kind of Lease: STATE Lease No.: 2029
Location: P.O. Box 4364 Midland, Tx 79701

Unit Letter: C : 280 Feet From The NORTH Line and 1650 Feet From The West

Line of Section: 2 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

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

COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (prior, 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.

Joe L. TArver
(Signature)
Owner
(Title)
JUNE 10-1983
(Date)

OIL CONSERVATION DIVISION

JUN 21 1983

APPROVED _____, 19____

BY _____
Original Signature
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 ownership, well name or number, or transportation, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.