## State of New Mexico Inergy, Minerals and Natural Resources Dep

Form C-104 Revised 1-1-89

DISTRICT P.O. Drawer DD, Arlesia, NM 88210

Name of Authorized Transporter of Oil

Scurlock Permian Corporation

Name of Authorized Transporter of Casinghead Gas

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

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f change of operator give name and address of previous operator  I. DESCRIPTION OF WELL AND LEASE  Lease Name  Benson Shugart Waterflood Un #14  Location	EFFECTIVE: June 1  Pool Name, Including Formation Shugart-Yates-SR-Q- GR  Feet From The South Line and 330		Lease No. NM-01375 West Line			
f change of operator give name and address of previous operator  I. DESCRIPTION OF WELL AND LEASE Lease Name Well No	EFFECTIVE: June 1	, 1993	Lease No.			
f change of operator give name address of previous operator  I. DESCRIPTION OF WELL AND LEASE	EFFECTIVE: June 1	, 1993	Lease No.			
f change of operator give name and address of previous operator						
f change of operator give name						
·			<u> </u>			
Change in Operator	_	Unit #14				
	Dry Gus					
	in Transporter of: Change Name of Well	from: Keinath	#4			
Reason(s) for Filing (Check proper box)	Other (Please explain)					
P.O. Box 1515, Roswell, New Mexico	88202-1515					
Address						
HANSON OPERATING COMPANY, INC.		30-015-20543				
Operator /		Well API No.				
TOTR	ANSPORT OIL AND NATURAL GAS					
		(11 <b>014</b> "				
000 Rio Brazos Rd., Aziec, NM 87410 REQUEST F	FOR ALLOWABLE AND AUTHORIZA	TION C. C. D.				

If well produces oil or liquids,	Unit	Sec.	Twp	Rge	Is gas actually connected?		When	When?			
give location of tanks.	i N	25	1 1					1			
If this production is commingled with the IV. COMPLETION DATA	t from any o	ther lease or	r pool, give	comming	ling order num	ber:					
Designate Type of Completion	ı - (X)	Oil Wel	ц G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Speeded	Date Co	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
		TUBING	, CASIN	IG AND	CEMENTI	NG RECOR	<b>D</b>				
HOLE SIZE	C	ASING & T				DEPTH SET	SACKS CEME		ENT - 3		
	-		<del></del>						-35 -7		
								-chy	usl0 s	rame_	

Rge. Is gas actually connected?

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 allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test

Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

 $\langle X \rangle$ 

Unit

or Condensate

or Dry Gas [

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.

alucia Signature Patricia Production Analyst McGraw Title Printed Name June 17 -7330 Telephone No. Date

## OIL CONSERVATION DIVISION

JUN 21 1993 Date Approved \_

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 4648, Houston, Texas 77210~4648

When?

By. ORIGINAL SIGNED BY MIKE WILLIAMS

Title SUPERVISOR, DISTRICT IL

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.