Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico I 3y, Minerals and Natural Resources Departme

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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TOTRANSPORT OIL AND NATURAL GAS WEIL AFTER PETROLEUM CORPORATION MATES PETROLEUM CORPORATION MATES Research Corporation Material Research Conference Content of the St. A. Artesia, IN 88210 Research Conference Content of the St. A. Artesia, IN 88210 Research Conference Content of the St. A. Artesia, IN 88210 Research Conference Content of Content o	DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAR	BLE AND AUTHORIZAT	ON		
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Company pays above a company of company of the form and address of providing promation Company Compa		·		1847 2-8 199	*	
IL DESCRIPTION OF WELL AND LEASE Lake No.	If change of operator give name and address of previous operator				₹-	
Lease Name Well No. Proof terms, including a lake Bone Spring Pool State, Fortaphy Pool Mailters Lake Bone Spring Pool State, Fortaphy Pool Section Walters Lake Bone Spring Pool State, Fortaphy Pool Section Section 185 Reage 30E NMPM Eddy Commy	II. DESCRIPTION OF WELL	AND LEASE	Y . Ttion			
Location Label Letter J 1650 Feet From The South Line and 2310 Feet From The East Line Section 2 Township 185 Rasse 30E NMPM. Eddy County	Lease Name	Well No. Pool Name, Include	ake Bone Spring Pool	Out Wateruland Was	3-7070	
Unit Letter J : 1650 Feel From The 20UIT Line and 200 Feet From The 200 Feet F			2210	Eas	it line	
Section 2 Township 185 Rung Substitution 185 Rung 18	Unit LetterJ		Discussion	Peet From The		
Name of Authorized Transporter of Oil		p 100 Kange		Budy		
Name of Authorized Transporter of Oil	III. DESIGNATION OF TRAN	SPORTER OF OIL AND NAT	URAL GAS Address (Give address to which	approved copy of this form is to	be sent)	
Name of Authorized Transporter of Casinghead Gas Conoco, Inc. If well produces in or liquids, just social to liquids, just social or liquids, just so	Name of Authorized Transporter of Oil	or Condensate	DO Boy 4648 House	ton, TX 77210-46	548	
Name of Assistance Name of Assistance Name of Producing Name of Producing Name of Na	Scurlock-Permian Corp	oration or Dry Gas	Address (Give address to which	approved copy of this form is to	be sent)	
If well products oil or liquids, J 2 18 830 Yes Approx. 2 weeks J 2 18 30 Yes Yes Approx. 2 weeks J 2 18 30 Yes Approx. 2 weeks Approx. 2 weeks J 2 18 30 Yes Approx. 2 weeks Approx. 2 weeks J 2 18 30 Yes Appr	l .	gnead Gas X 5.2.	10 Desta Drive We	<u>st - Midland, TX</u>	79705	
First New Oils read to great the state of th	If well produces oil or liquids,	TOME 1 DOOR	<u></u>	1	re l	
Designate Type of Completion - (X)	pive location of tanks.			1 Approx. 2 week	<u> </u>	
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Designate Type of Completion - (X) X X	IV. COMPLETION DATA	Gas Well Gas Well	New Well Workover	Deepen Plug Back Same F	les'v Diff Res'v	
Date Spudded 3-6-93 3-6-93 3-6-93 Total Depth Casing Formation Bone Spring Total Person Total Spring Total Person Total Spring Total	Designate Type of Completion	10				
3-6-93		Date Compl. Ready to Prod.	1	[- ·-··		
Elevations (DF, RKE, RT, GR, etc.) 8003 GR 8008 Spring 7014-7227! TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Redi-Mix 174" 13-3/8" 13-3/8" 124" 8-5/8" 3904' 1850 sx - circulated 7-7/8" 5-1/2" TEST DATA AND REQUEST FOR ALLOWABLE 12 (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.) IL WELL Test producing Method (Flow, pump, gas lift, etc.) 24 hrs 50 Casing Pressure Choke Size Casing Pressure Choke Size Casing Pressure Choke Size Casing Pressure Choke Size Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size OIL CONSERVATION DIVISION Date Approved MAY 2 8 1993 Title Finded Name May 12, 1993 (505) 748-1471 Title Finded Name May 12, 1993 Title Title	•					
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Signature Juanita Goodlett - Production Supvr. Printed Name May 12, 1993 Title Title (505) 748-1471 Title	Division have been complied with and that the information given above		1993			
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Printed Name May 12, 1993 Telephone No.	Juanita Goodlett		II CHARAMANA DISTRICTI			
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	May 12, 1993 Date			事を、となるのではない、からまりのはる 自然をあるかられる		

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.