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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Scurlock Permian Corp.</u>		Well API No. <u>30 015-36237</u>
Address <u>P.O. Box 11500, Midland, Texas 79701</u>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>W. McCann Dunningburg</u>	Kind of Lease State, Federal or Fee	Lease No. <u>12-4222</u>
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>Survey</u> Line and <u>3310</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>19S</u> Range <u>27E</u> , NMPM, <u>Edley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 935, Midland, NM 88001</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Scurlock Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) _____	
If well produces oil or liquids, give location of tanks.	Unit <u>R</u> Sec. <u>12</u> Twp. <u>19S</u> Rge. <u>27E</u>	Is gas actually connected? <input checked="" type="checkbox"/> When? <u>12-14-89</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>11-18-89</u>	Date Compl. Ready to Prod. <u>12-10-89</u>	Total Depth <u>1724'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>3495' Dwd.</u>	Name of Producing Formation <u>Dunningburg</u>	Top Oil/Gas Pay <u>1724'</u>	Tubing Depth <u>1725'</u>					
Perforations <u>open hole 1730'-1800'</u>			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 1/2" 24"</u>	<u>32'</u>	<u>325 040. "C"</u>					
<u>7 1/8"</u>	<u>6 1/2" 15.5'</u>	<u>1724'</u>	<u>315 040. 16.666</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank <u>12-14-89</u>	Date of Test <u>12-14-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow Pump</u>	
Length of Test <u>21 4/10</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>20</u>	Water - Bbls. <u>5</u>	Gas - MCF <u>15</u>
GAS 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

VI. OPERATOR 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.

Signature Debra Ann
Printed Name Debra Ann Title Manager
Date 12-15-89 Telephone No. (505) 745-1011

OIL CONSERVATION DIVISION

Date Approved DEC 29 1989

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.

Post ID-2
1-6-90
comp + BK