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OPERATOR		✓
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

RECEIVED

SEP - 7 1978

O. C. C.

ARTESIA, OFFICE

Operator
C & K Petroleum, Inc. ✓
Address
P.O. Drawer 3546, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change In Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☒
Change In Ownership ☐ Casinghead Gas ☐ From 17 - 5111

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Carlsbad 12 Com	Well No. 1	Pool Name, Including Formation South Carlsbad (Morrow)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter O ; 840 Feet From The South Line and 1760 Feet From The East Line of Section 12 Township 22-S Range 26-E, NMM, Eddy, County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Scurlock Oil Co.	Address (Give address to which approved copy of this form is to be sent) Houston Club Bldg., -Houston, Tx. 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, Tx. 77001					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 12	Twp. 22-S	Rge. 26-E	Is gas actually connected? Yes	When 11-09-77

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. Fill. Rest
Date Spudded	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					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

4. 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)

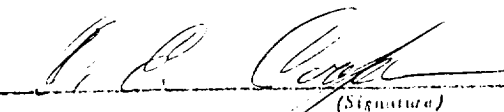
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Lbbs. Condensate/MSCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

5. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

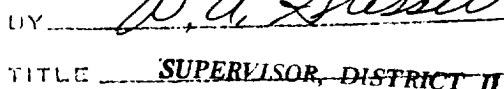
Administrative Supervisor

August 31, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP - 8 1978, 19

BY 
TITLE SUPERVISOR, DISTRICT II

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 results of 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 re-completed wells.

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