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 Appropriate District Office  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
 Energy, Minerals and Natural Resources Department

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

*dst*  
*up*  
*op*

**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

RECEIVED

APR 21 1993

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator <b>S &amp; J OPERATING COMPANY</b>	Well API No. <b>3001524181</b>
Address <b>P O BOX 2249, WICHITA FALLS, TEXAS 76307</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <b>RECLASS FROM WATER INJECTION TO OIL PRODUCER</b>	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>SALADAR UNIT</b>	Well No. <b>14</b>	Pool Name, Including Formation <b>SALADAR-YATES</b>	Kind of Lease State, (Federal) or Fee	Lease No. <b>NM 08277</b>
Location Unit Letter <b>N</b> : <b>1315</b> Feet From The <b>SOUTH</b> Line and <b>1325</b> Feet From The <b>WEST</b> Line Section <b>33</b> Township <b>20S</b> Range <b>28E</b> , <b>NMPM</b> , <b>EDDY</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>SCURLOCK-PERMIAN CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P O BOX 4648, HOUSTON, TX 77210-4648</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>NA</b>	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 <b>K</b>	Sec. <b>33</b>	Twp. <b>20S</b>	Rge. <b>28E</b>
			Is gas actually connected? <b>NO</b>	When ?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
				<b>XX</b>				
Date Spudded <b>8-4-82</b>	Date Compl. Ready to Prod. <b>11-9-82</b>		Total Depth <b>660'</b>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <b>3197' GR</b>	Name of Producing Formation <b>YATES</b>		Top Oil/Gas Pay <b>613'</b>		Tubing Depth <b>630'</b>			
Perforations <b>626-638'</b>					Depth Casing Shoe <b>660'</b>			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>9 5/8"</b>	<b>26.4#</b>	<b>7 5/8"</b>	<b>82'</b>		<b>15</b>			
<b>6 3/4"</b>	<b>11.6#</b>	<b>4 1/2"</b>	<b>660'</b>		<b>250</b>			
	<b>4.7#</b>	<b>2 3/8"</b>	<b>630'</b>					

**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 <b>MARCH 1, 1993</b>	Date of Test <b>MARCH 1, 1993</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMPING</b>	
Length of Test <b>24 HOURS</b>	Tubing Pressure <b>NA</b>	Casing Pressure <b>NA</b>	Choke Size <b>--</b>
Actual Prod. During Test <b>1.3 BBLs</b>	Oil - Bbls. <b>1.3</b>	Water - Bbls. <b>1.3</b>	Gas- MCF <b>--</b>

**GAS WELL**

Actual Prod. Test - MCF/D <b>NONE</b>	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.

*William M Kincaid*  
 Signature  
**WILLIAM M. KINCAID** PETROLEUM ENG.  
 Printed Name Title  
**4-16-93** (817)723-2166  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **APR 26 1993**

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.