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

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

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

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

MAR 16 '90

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

C. C. D.
OPERATING OFFICE

I. Operator GEODYNE OPERATING COMPANY Well API No. 30-015-25797

Address 320 S. BOSTON - THE MEZZANINE, TULSA, OK 74103-3708

Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐ EFFECTIVE 4/1/90

If change of operator give name and address of previous operator GEODYNE RESOURCES, INC. SAME AS ABOVE

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>PFI AMOCO "19" FEDERAL</u>	Well No. <u>1</u>	Pool Name, including Formation <u>HAPPY VALLEY MORROW GAS</u>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>K</u> <u>1719</u> Feet From The <u>SOUTH</u> Line and <u>1999</u> Feet From The <u>WEST</u> Line Section <u>19</u> Township <u>22S</u> Range <u>26E</u> <u>NMPM</u> <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>PERMIAN SCURLOCK PERMIAN CORP EFF 9-1-91</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1183, HOUSTON, TX, 77252-1183</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>EL PASO NATURAL GAS</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1492, EL PASO, TX., 79978</u>
If well produces oil or liquids, give location of tanks	Is gas actually connected? <u>YES</u> When? <u>4/89</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>posted ID-3 3-23-90</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>chg OP</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.

Judy McKnight
Signature
JUDY MCKNIGHT, REGULATORY ANALYST
Printed Name
3/15/90 (918) 583-5525
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 23 1990

By ORIGINAL SIGNED BY
MIKE MILLING
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.