	DISTRIBUTION SANTA FE	I .	ONSERVATION COMMISSION	Form C -194
	FILE		FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
	TRANSPORTER CL V	RECEIVED BY		
1	OPERATOR PRORATION OFFICE	MAY 21 1986		
1.	Cperator	/ O. C. D.		
	BHP Petroleum Company Inc. ARTESIA OFFICE			
	1300 One First City Center, Midland, Texas 79701			
	Reason(s) for filing (Check proper box,	Change in Transporter of:	Other (Please, explain)	
	Recompletion	Oil Dry Ga	ıs 🗀	
	Change in Ownership X	Casinghead Gas Conder	asate	
	If change of ownership give name and address of previous owner	Monsanto Oil Company, 130	00 One First City Cente	r, Midland, Texas 79701
11.	DESCRIPTION OF WELL AND	LEASE.   Verl No.   Pool Name, including Fo	crmation Kind of Leas	e Lease No.
	Rock Tank Unit	1 Rock Tank (L	ower Morrow) Gas State, Federa	elorFee Federal 91-008889
	Unit Letter D : 660 Feet From The north Line and 920 Feet From The West			
	Unit Letter D :	Feet From The HOLLII Lin	e and 920 Feet From	The west
	Line of Section 7 Tov	mship 23S Range	25E , NMPM,	Eddy County
II.	DESIGNATION OF TRANSPORT	or Condensate X	S Address (Give address to which appro	oved copy of this form is to be sent)
	Scurlock Oil Company		Houston Club Building,	Houston, Texas 77002
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Transwestern Pipeline Co.		Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 77001	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. D 7 23S 25E	yes	3/21/69
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:  New Well Workover Deepen	PLC-69  Flug Back   Same Resty, Diff, Resty,
	Designate Type of Completic		New Well Worksver Deepen	Plug Back Schie Nes V. Diff. Nes 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 Cli/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>.</b> ,	TEGT DATA AND REQUEST E	OP ALLOWARIE (Test must be a	fer recovery of total valume of load oil	and must be equal to or exceed top allow-
٧.	OIL WELL	able for this de	pth or be for full 24 hours)  Producing Method (Flow, pump, gas l	
!	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fibm, pamp, gas -	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	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	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Ί.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERV	ATION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUL 28 1986	
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	ith and that the information given	BY Original Signed By Les A. Clements	
			TITLE Supervisor District II	
	42/3-		This form is to be filed in compliance with RULE 1104.  If this is a request for silowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 recompleted wells.	
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	D. E. Brown - Managar	Southwestern Region		
	(Tiu	lej		
			Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
			Separate Forms C-104 mus completed wells	at be filed for each pool in multiply