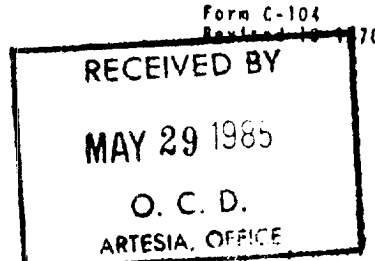


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



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OPERATOR	
ADJUTANT OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C. E. LaRue and B. N. Muncy, Jr.
Address
P. O. Box 470 Artesia, N. M. 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	
Completion ☒	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	Dry Gas ☐
Casinghead Gas ☐	Condensate ☐

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Ford State	2	Indian Flats Delaware	State, Federal or Fee State	E4205
Location				
Unit Letter	Foot From The	Line and	Foot From The	
F	1650	North	1650	WEST
Line of Section	Township	Range	NMPM	County
2	225	25E	EDDY	

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 838 Hobbs, N. M. 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, Give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	2	225	28E	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'
	X			X			X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-13-78	10-29-78	3,624'	3624'					
Corrections (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3156.4	Delaware	3539'	3530'					
Corrections			Depth Casing Shoe					
3539' - 3550'			3624					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	433'	300 circulated
7 7/8"	5 1/2"	3624'	200

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 greater than all tests taken on the well in accordance with RULE 111.)

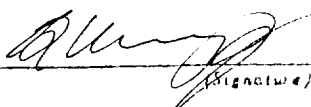
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
5-29-85	5-29-85	Pump
Length of Test	Tubing Pressure	Casing Pressure
24 hrs	-0-	-0-
Steel Prod. During Test	Oil-Bbls.	Water-Bbls.
	40	10
		Gas-MCF
		T S T M

AS WELL

Steel Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


Operator
(Date)

May 29, 1985
(Date)

OIL CONSERVATION DIVISION

JUN 04 1985

APPROVED _____, 19____
Original Signed By
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multi-completed wells.