

Submit 5 Copies  
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

RECEIVED

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

NOV 12 '90

dist  
2  
up

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

O. C. D.

ARTESIA, OFFICE

I.

Operator

GEODYNE OPERATING COMPANY

Well API No.

30 015 23729

Address

320 S. BOSTON - THE MEZZANINE, TULSA, OKLAHOMA 74103-3708

Reason(s) for Filing (Check proper box)

New Well

Recompletion

Change in Operator

Change in Transporter of:

Oil

Casinghead Gas

☒ Dry Gas

☐ Condensate

If change of operator give name  
and address of previous operator

### II. DESCRIPTION OF WELL AND LEASE

Lease Name

LOVING 1 STATE

Well No.

1

Pool Name, including Formation

NORTH LOVING MORROW

Kind of Lease ST.  
State, Federal or Fee

Lease No.

LG 23

Location

Unit Letter B 990 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 1

Township 24S

Range 27E

NMPM

EDDY

County

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

Name of Authorized Transporter of Oil

PERMIAN

or Condensate

☒

SCURLOCK PERMIAN CORP EFF 9-1-91

Address (Give address to which approved copy of this form is to be sent)

P.O. BOX 1183, HOUSTON, TX. 77251-1183

Name of Authorized Transporter of Casinghead Gas

TRANSWESTERN PIPELINE CO.

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

BOX 2521, HOUSTON, TX 77002

If well produces oil or liquids,  
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When?

B

1

24S

27E

YES

11/17/81

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

### IV. COMPLETION DATA

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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
			Port ID-3
			11-16-90
			Add 4 T I PER

### 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
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 (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

11/6/90

(918) 583-5525

Date

Telephone No.

### OIL CONSERVATION DIVISION

NOV 15 1990

Date Approved

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.