Submit 5 Copies
Appropriate District Office
DISTRICT! P.O. Box 1980, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Driwer DD, Arceil, NM \$1210

DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

APR - 1 1992

Santa Fe, New Mexico 87504-2088	O. C. D.
	MALERIA UPPIL:
REQUEST FOR ALLOWABLE AND AUTHORIZATION	ON
TO TO ANODODE OU AND MATURAL OAD	

I.	7	OTRA	<u>NSP</u>	ORT OIL	AND NA	<u> FURAL GA</u>	<u> </u>					
Operator / Wall A							O-015-24658					
Address	······································			······································								
P. O. Box 1518 Reason(s) for Filing (Check proper box)	Roswell	, New	Mex	ico 88	202 Oth	es (Please expla	in)					
New Well		Change in	Transc	orter of:	_	•	•					
Recompletion	Oil		Dry G									
Change is Operator	Casinghead		Conde									
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA	SE										
Lesse Name			Pool I	Name, Includi	ing Formation		Kind	d Lesse	Le	ase No.		
Otis "34"		1	-Ctate						<u> </u>	<u>-</u>		
Location		_				1.0	200					
Unit LetterF	1828	3.5	Feat F	rom The	N LIM	and15	980 Fe	et From The	W	Line		
Section 34 Townshi	p2	2S	Range	27	E N	мрм,	Eddy			County		
III. DESIGNATION OF TRAN	SPORTE	R OF OI	ፒ ልን	ND NATTI	RAL GAS							
Name of Authorized Transporter of Oil		or Conden			Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be set	W)		
Scurlock Permian Corp		<u> </u>				Box 4648						
Name of Authorized Transporter of Casin Llano, Inc.	ghead Gas		or Dry	y Ceas (A)	· · · · · · · · · · · · · · · · · · ·				s, NM 88240–4917			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually		When		00240 43			
give location of tanks.	F	34	22S	27E			İ	- 1				
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or I	pool, g	ive comming	ling order numb	жг: <u> </u>		 				
		Oil Well	-η-	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion					<u></u>	<u> </u>	<u> </u>	J				
Date Speeded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas I	-iy		Tubing Depth					
Perforations	-1				- !		ı	Depth Casin	g Shoe			
	Ţ	UBING,	CAS	NG AND	CEMENTI	NG RECORI	D					
HOLE SIZE	CAS	ING & TU	BING	SIZE	DEPTH SET			SACKS CEMENT				
												
V. TEST DATA AND REQUES	TFORA	LLOWA	RLE	<u> </u>	<u> </u>	··· <u>·</u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
OIL WELL (Test must be after r					be equal to or	exceed top allo	wable for this	depth or be j	or full 24 hour	z.)		
Date Firs New Oil Run To Tank	Date of Test					thod (Flow, pw				·		
Length of Test	Tubing Pressure			Casing Pressu	re		Choke Size					
				W Di-			Gas- MCF					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			ou- me:				
GAS WELL				·					•			
Actual Prod. Test - MCF/D	Langth of T	eri			Bbls, Condensate/MMCF			Gravity of Condensate				
Tosting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
							•					
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE		NI 00N	OFDV	, ; . T ION I I	> 11 // O / O	. :		
I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION									
Division have been complied with and that the information given above is true and complete to the best of my knowledge and bellef.						APR	o 1002					
		s beller.			Date	Approved	ď t	AFN	0 100£			
Quean Row	ique					• •		SIGNED B	Y			
Signature	0	1			By_		KE WILL		. •			
Susan Rodrigue/Prod				 	Title	SI		R, DISTR	ICT II			
3/30/92	505	5/622-				Reserve			Typerce to the series			
Date		(elet	ohone l	reG.	11							

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.