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

# OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

See Instructions at Bottom of Page

C15F
OP

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

**I.**

| Operator | Well API No. |
|---|---|
| SCURLOCK PERMIAN CORP. | 30-015-25722 |

Address: 333 CLAY P.O. BOX 4648, HOUSTON, TEXAS 77210-4648

Reason(s) for Filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Operator ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
- Other (Please explain) ☒ RE-ENTRY FOR SWD.

If change of operator give name and address of previous operator: SANTA FE ENERGY, 500 W. ILLINOIS, SUITE 500 MIDLAND TEXAS 79701

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Fee | Lease No. |
|---|---|---|---|---|
| ROHMER | 1 | DELAWARE | F | |

Location: Unit Letter E : 1980 Feet From The N Line and 1980 Feet From The W Line

Section 23 Township 22S Range 27E. NMPM. EDDY Co. N.M. County

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

| Name of Authorized Transporter of Oil ☐ or Condensate ☐ | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ | Address (Give address to which approved copy of this form is to be sent) |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |
|---|---|---|---|---|---|---|
| | | | | | | |

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 |
|---|---|---|---|
| 17 1/2 | 13 3/8 | 277 | 300 Part ID-3 |
| 12 1/4 | 9 5/8 | 2154 | 1750 6-25-93 |
| 8 1/2 - PROPOSED | 5 1/2 | 4150 | 630 |
| PROPOSED. | 2 7/8 | 3800 | |

## 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 (pitot, 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.

Signature: Steward E. Rogers
Printed Name: STEWARD E. ROGERS
Title: A.R.M.
Date: JUNE 10, 1993
Telephone No.: 210-379-8273

## OIL CONSERVATION DIVISION

Date Approved: JUN 17 1993

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.