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
JUN 02 '89
O. C. D.
ARTESIA, OFFICE

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

Santa Fe		
File		
Transporter	Oil	
	Gas	
Operator		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Calvin F. Tennison & Alma F. Tennison

Well API No.: 30-015-04745

Address: P.O. Box 2232, Midland, Texas 79702

Reason(s) for Filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Operator [X]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

[ ] Other (Please explain)

If change of operator give name and address of previous operator: Calvin F. Tennison

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Superior State	1	Corral Canyon Delaware	State XXXXXXXXX	B-10678

Location

Unit Letter H : 1980 Feet From The N Line and 660 Feet From The E Line

Section 8 Township 25S Range 30E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Permian Corp.
Address (Give address to which approved copy of this form is to be sent): P.O. Box 1183, Houston, Texas 77251

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Conoco
Address (Give address to which approved copy of this form is to be sent): P.O. Box 2197, Houston, Texas 77252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	H	8	25	30	yes	3-17-88

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.	T.V.D.	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
			Post ID-3 6-9-89 chg of name

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

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.

Brenda Coffman
(Signature)

Brenda Coffman, Agent
(Title)

May 3, 1989
(Date)

OIL CONSERVATION DIVISION

Date Approved: JUN 2 1989

By: ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

Title

NOTE: This form is to be accompanied by tabulation of deviation tests taken in accordance