nit 5 Copies
ropriate District Office
TRICT I
. Box 1980, Hobbs, NM 88240

TRICT II
. Drawer DD, Artesia, NM 88210

TRICT III
0 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

erator
Calvin F. Tennison & Alma F. Tennison

Well API No
30-015-04746

dress
P.O. Box 2232, Midland, Texas 79702

son(s) for Filing (Check proper box)
v Well [ ]
ompletion [ ]
nge in Operator [X]
nange of operator give name address of previous operator Calvin F. Tennison

[ ] Other (Please explain)

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hanagan State	1	Corral Canyon Delaware	State, ~~Federal~~ or Fee	E-4653

cation
Unit Letter G : 1980 Feet From The N Line and 1980 Feet From The E Line

Section 8 Township 25 Range 30 , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

me 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

me 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 ?
	G	8	25	30	no	

his 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	Same Res'v	Diff Res'v

te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
forations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Part ID-3 6-9-89 chg op name

TEST DATA AND REQUEST FOR ALLOWABLE

L 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.)

te First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
ngth of Test	Tubing Pressure	Casing Pressure	Choke Size
tual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

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

RTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation ision have been complied with and that the information given e 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 [illegible]

By ORIGINAL SIGNED BY
MIKE [illegible]
SUPERVISOR, DISTRICT II

Title

ple 1104
be accompanied by tabulation of deviation tests taken in accordance