

# OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

SEP 21 '89

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA OFFICE TRANSPORT OIL AND NATURAL GAS

Operator Murchison Oil & Gas, Inc.		Well API No.
Address 717 N. Harwood Street, Suite 2500, Lock Box 86, Dallas, Texas 75201		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Mesa Operating Limited Partnership, P. O. Box 2009, Amarillo, TX 79189		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Ogden State Com	Well No. 2E	Pool Name, Including Formation White City Penn	Kind of Lease State, Federal or Fee State	Lease No. L896
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>25S</u> Range <u>26E</u> , <u>NMPM</u> , <u>Eddy</u> County				

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

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil Permian Corporation <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas Natural Gas Pipeline of America <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 283, Houston, TX 77001	
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>2</u> Twp. <u>25</u> Rge. <u>26</u>	Is gas actually connected? Yes	When? 11/3/82

## 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			

## 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.

Signature Michael S. Daugherty  
Printed Name Michael S. Daugherty, Production Engineer Title  
Date 9-18-89 (214) 953-1414 Telephone No.

## OIL CONSERVATION DIVISION

Date Approved SEP 27 1989

By ORIGINAL SIGNED BY  
MIKE MELVIANO  
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.