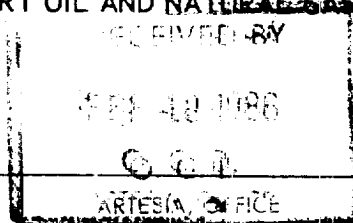


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SANTA FE		✓
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LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



Operator: Tempo Energy, Inc. ✓	
Address 4000 N. Big Spring, Suite 109, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE 4-26-86
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Poker Lake Unit	Well No. 68	Pool Name, Including Formation Corral Canyon-Delaware	Kind of Lease State, Federal or Fee State	Lease No. B-10678
Location: Unit Letter <u>0</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>25S</u> Range <u>30E</u> , NMPM, <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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77251-1183	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 0	Sec. 8
	Twp. 25S	Rge. 30E
	Is gas actually connected? No	
	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.
		XX		XX					
Date Spudded 12-9-85	Date Compl. Ready to Prod. 1-27-86	Total Depth 3767'		P.B.T.D. None					
Elevations (DF, RKB, RT, GR, etc.) 3210.3 G.L.	Name of Producing Formation Ramsey	Top Oil/Gas Pay 3712'		Tubing Depth 3700'					
Perforations 3712' - 3742' w/ 37 shots				Depth Casing Shoe N/A					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		665'		200sx.Dowell Light 100sx			
						Hi Early+3%CaCl. Circ. to			
						Surface			
7 7/8"		5 1/2"		3767'		200sx.Class "C" 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 Tanks 1-27-86	Date of Test 2-1-86	Producing Method (Flow, pump, gas lift, etc.) Pumping		2-28-86 Camp & BH	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure Open		Choke Size None	
Actual Prod. During Test	Oil-Bbls. 27	Water-Bbls. 45		Gas-MCF TSTM	

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
President
(Title)
2-3-86
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 21 1986, 19
BY Les A. Clements
Original Signed By
Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply