

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

DATE FILED	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

Operator W. O. HARRINGTON

Address 1814 FIDELITY UNION TOWER BLDG. DALLAS, TEXAS

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No. Pool Name, including Formation	Kind of Lease	Lease No.
<u>SCHARBAUER CATTLE CO.</u>	<u>2 E.K. QUERN, Y, SK.</u>	<u>FEE</u>	

Location	Unit Letter	Feet From The	Line and	Feet From The	County
	<u>L</u>	<u>330</u>	<u>WEST</u>	<u>2030</u>	<u>LEA</u>
Line of Section	Township	Range			
<u>20</u>	<u>18S</u>	<u>34E</u>			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>THE PERMIAN CORP.</u>	<u>Box 3119 MIDLAND, TEXAS</u>
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	Sec.	Twp.	Range	Is gas actually connected?	When
	<u>20</u>	<u>18S</u>	<u>34E</u>		<u>No</u>	<u>—</u>

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.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
<u>JAN. 20, 1969</u>	<u>MARCH 26, 1970</u>	<u>4855'</u>		<u>4720'</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
<u>4069' GR.</u>	<u>QUEEN</u>	<u>4526'</u>		<u>4532'</u>				
Perforations	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe					
<u>4529 - 4616'</u>			<u>4721'</u>					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>2 5/8"</u>	<u>7 7/8"</u>	<u>220'</u>	<u>CIRC.</u>
<u>6 7/8"</u>	<u>4 1/2"</u>	<u>4720'</u>	<u>400 SK TYPE "C"</u>
	<u>2 1/2" TUBING</u>	<u>4532'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>SEPT. 28, 1969</u>	<u>MARCH 15, 1970</u>	<u>PUMPING</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 HOURS</u>	<u>0</u>	<u>0</u>	<u>OPEN</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>11 B.F.</u>	<u>8</u>	<u>3</u>	<u>TRACE</u>

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Chart-in)	Casing Pressure (Chart-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.

William E. Lisk
(Signature)
PETROLEUM CONSULTANT
(Title)
AUGUST 21, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

TITLE _____

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