

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 13 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

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Applicant: JOE L. TARVER

Address: 3405 69th DR. Lubbock, TEXAS 79413

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Incompletion Casinghead Gas Condensate CHANGE PHYSICAL OPERATOR
 Change in Ownership

Change of ownership give name and address of previous owner: Tom R. Minihan
P.O. Box 4364 Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE
 Lease Name: SRLG- UNIT Well No.: 26 Pool Name, including Formation: Red Lake Grayburg Kind of Lease: Federal Lease No.: LC025735A

Location: Unit Letter D; 990 Feet From The South Line and 2310 Feet From The EAST

Line of Section: 35 Township: 17 South Range: 27 East NMPM: Eddy County: Eddy

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate : AVAJO REFINING Co. Pipe Line Division Address (Give address to which approved copy of this form is to be sent): No. Freeman, Artesia New Mexico
 Name of Authorized Transporter of Casinghead Gas or Dry Gas : None Address (Give address to which approved copy of this form is to be sent):

Does well produce oil or liquids, give location of tanks: X Twp. I Sec. 35 Rge. 27 Is gas actually connected? When:

Is this production commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion -- (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res't.	<input type="checkbox"/> Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Corrections (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Corrections					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 (if low, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil-ibbls.	Water-ibbls.	Gas-MCF

AS WELL

Total Prod. Test-MCF/D	Length of Test	ibbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.
Joe L. Tarver
 (Signature)
Owner
 (Title)
JUNE 10 - 1983
 (Date)

OIL CONSERVATION DIVISION
 APPROVED JUN 21 1983
 Original Signature
Leslie A. Clements
 BY
Supervisor District II
 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 deviated 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 change of owner, well name or number, or transporter, or other such change of conditions.
 Separate Form C-101 must be filed for each pool in multiple completed wells.