· · · · · · · · · · · · · · · · · · ·		AST FOR PLATER OF T	Supersector Card S-1.4 Card and
······································		TRANSFORT OIL IND NO.	Effective 1-1-65
NO CEFICE		FRAGOURI UTL REGIRE	
RANSPORTER COLL			RECEIVED
PERATOR			
RORATION OFFICE		······································	FR 22 100
Read & Steven	is. Inc.	4	
jóress			
P.O. Box 1518 Bason(s) for filing (Check	, Roswell, NM 88202		ARTESIA, OFROS
w Wett			lease explain)
ange in Ownership	Change In Transporter Of OII Dry	Gas T	
Ellective March 1, 1988			
chance of ownership give name 1 address of previous owner			
DESCRIPTION OF WELL AND L	and the second		
Langley Federal	all No. Pool Name, Includin 3 Buffalo Vall	ng Formation	Kind of Lease No.
pcation At State; rederal, of tee NM-2303			
Unit Letter <u>O</u> ; Line Of Section 14		South Line and 2310	
		Range 27E, NMP	4, Chaves County SCURLOCK PERMIAN CORP EFF 9-1-91
me of Authorized Transpor	ER OF OIL AND NATURAL GAS	· · · · · · · · · · · · · · · · · · ·	
	<u>►</u> +	ls to t	dress to which approved copy of this form æ sent)
Permian Corporation P.O. Box 1183, Houston, TX 77002 me of Authorized Transporter of Casinghead Gas Dry Gas Address (Give address to which approved copy of this for			
El Paso Natural Gas Co. P.O. Box 1492 El Paso, TX 79978			
well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When			
ve location of tanks O 14 15S 27E this production is commingled with that from any other lease or pool, give commingling order number:			
. COPPLETION DATA	gied with that from any othe	er lease or pool, give co	mmingling order number:
Designate Type of Comple	tion-(X) Oli Well Gas Well	New Well Workover De	epen Plug Back Same Res'v Diff. Res'v
te Spudded	. Date Compl.Ready to Prod	Total Depth	P.B.T.D.
			F.B.1.0.
evations(DF,RKB,RT,GR,etc)	Name of Prod. Formation	Top Oll/Gas Pay	Tubing Depth
rforations			Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	G, AND CEMENTING RECORD DEPTH SET	SACKS CEMENT
			Vat FD-3
			eliz Liti NRC
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load and must be equal to or WELL exceed top allowable for this depth or be for full 24 hours)			
te First New Oll Run To	Date of Test	Producing Method (Flow,	pump, gas llft. etc.)
aks: agth of Test	Tubles Deserve		
	Tubing Pressure	Casing Pressure	Choke Size
rual Prod. During Test	Oll-Bbis.	Water-Bbls.	Gas -+MCF
WELL Jual Prod. Test-MCF/D			
	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
ting Method(pitot,back pr	Tubing Pressure (Shut-In)	Casing Pressure(Shut-in) Choke Slze
IFICATE OF COMPLIANCE			VATION COMMISION
ereby certify that the rules and regulations of the		APPROVED FEB 2 4 1988	
Conservation Commision have been complied with and t the information given above is true and complete		BY Original Signed By	
the best of my knowledge and bellef.		This form is to be the laspector ance with Rule 1104.	
Jul Male		If this is a request for allowable for a newly drilled rell,	
John Mater (Isignature)		this form must be accompanied by a tabulation of the daviation tests taken on the well in accordance with Rule 111,	
		All sections of this form must be filled cut completely for allowable on new and recompleted wells.	
Engineer		Fill out only Sections 1,11,111, and VI for changes of	
		owner, well name or number, or transporter, or other such	
2-17-88		change of condition, Separate Forms C-104 must be filed for each pool in	
(Date)		multiply,	
		11	

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HOBBS OFFICE