

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

RECEIVED

MAY 10 1982

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator: ~~THOMAS K SCROGGER~~ BS OIL CO. 1

Address: PO BOX 664 ARTESIA, NEW MEXICO 88210

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

If change of ownership give name and address of previous owner: J.E.M. RESOURCES PO BOX 648 ARTESIA - PREVIOUS OPERATOR

DESCRIPTION OF WELL AND LEASE

Lease Name CARPER LEVERS	Well No. 2	Pool Name, Including Formation ARTESIA (O, GAS, SA)	Kind of Lease State, Federal or Fee STATE	Lease No. B 2071
Location Unit Letter M : 330 Feet From The SOUTH Line and 330 Feet From The WEST				
Line of Section 34 T. mship 17S Range 28E , NMPM, COOY County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING CO PIPELINE DIV.	Address (Give address to which approved copy of this form is to be sent) PO DRAWER 159 ARTESIA NM
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM CO	Address (Give address to which approved copy of this form is to be sent) 4001 PEMBROOK DRESSA TEX 79761
If well produces oil or liquids, give location of tanks. Unit N Sec. 34 Twp. 17 Rge. 28	Is gas actually connected? YES When 1960

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

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

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	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

*Posted ID-3
Change Operator
3-21-82*

GAS WELL

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

Thomas K Scrogger
(Signature)
OWNER
(Title)
5-10-82
(Date)

OIL CONSERVATION DIVISION

MAY 12 1982

APPROVED _____, 19____
BY W.A. Gessert
TITLE 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 completed wells.