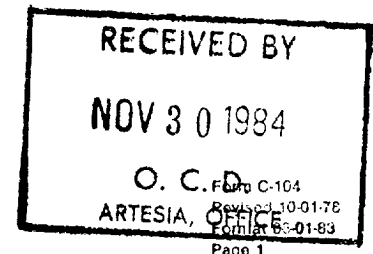


STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

COPIES OF THIS FORM	
DISTRIBUTION	
SALE OF	
FILE	
DEPT.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATION	
REGISTRATION OFFICE	

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



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Joe L. Tarver

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88241

Section(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

LC-055561

Lease Name SRLG Unit	Well No. 46	Pool Name, Including Formation Red Lake Grayburg - SA	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location Unit Letter <u>G</u> : <u>1656</u> Feet From The <u>North</u> Line and <u>1656</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>17S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. 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 Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - TSTM	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 <u>I</u> Sec. <u>35</u> Twp. <u>17S</u> Rge. <u>27E</u> Is gas actually connected? <u>no</u> When <u>Post ID-2 1-11-85</u> <u>camp</u> + BK

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Donna L. Sells
(Signature)
Agent
(Title)
11/28/84
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 11 1985, 19
Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

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.

COMPLETION DATA

Indicate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	Hot Well <input checked="" type="checkbox"/>	Water Well <input type="checkbox"/>	Deepen <input type="checkbox"/>	Regravel <input type="checkbox"/>	Change Locality <input type="checkbox"/>	Dist. Reelv <input type="checkbox"/>
Date Comp. Ready to Prod.	1/31/83		5/6/83		Total Depth		1803	
Name of Producing Formation	3630 GR		Grayburg		Top Oil/Gas Pay		1591	
F.B.T.D.		1733		Tubing Depth		1670		
Depth of casing shoe		1803		1591-1639				
TUBING, Casing, and Borehole Data								
TUBING SIZE		Casing & Tubing Size		DEPTH SET		STRENGTH		
2 1/4		8 5/8		454		200		
7 7/8		5 1/2		1803		375		
		2 3/8		1670				

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 of Test	5/6/83	Date of Test	9/10/84	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Test Duration	24 hours	Tubing Pressure		Casing Pressure	
Oil - Bbls.	8	Water - Bbls.	30	Gas - MCF	TSTM

Test Method (Flow, pack, etc.)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (PSIG-14)	Casing Pressure (PSIG-14)	Choke Size	