

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501ART-30-225-  
20575REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                   |     |
|-------------------|-----|
| NAME OF OPERATOR  |     |
| LOCATION          |     |
| FILE              |     |
| U.S.D.            |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
| OPERATION         | GAS |
| PRODUCTION OFFICE |     |

I. OPERATOR  
Operator Cecil Lee's Co.  
Address Box 306 Tatum NM - 88267  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐ Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                        |                      |                                                             |                                                     |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------|-----------------------------------------------------|---------------------------|
| Lease Name<br><u>State 10 #</u>                                                                                                                                                                                        | Well No.<br><u>1</u> | Pay Name, Including Formation<br><u>Crossroads Devonian</u> | Kind of Lease<br>State, Federal or Fee <u>STATE</u> | Lease No.<br><u>57067</u> |
| Location<br>Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>WEST</u> Line and <u>2310</u> Feet From The <u>NORTH</u><br>Line of Section <u>10</u> Township <u>10 S</u> Range <u>36 E</u> , NMPM, <u>Lee</u> County |                      |                                                             |                                                     |                           |

SCURLOCK PERMIAN CORP EFF 9-1-91

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                                           |                                                                                                       |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Western Oil Trans</u> <u>Permian (Eff. 9/1/87)</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>838 Hobbs NM 88240</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,<br>give location of tanks.                                                                                                               | Unit<br><u>F</u>                                                                                      | Sec.<br><u>10</u>   |
|                                                                                                                                                                           | Twp.<br><u>10 S</u>                                                                                   | Rge.<br><u>36 E</u> |
|                                                                                                                                                                           | Is gas actually connected? <u>No</u> When <u>TSTM</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)<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. | Date Spudded                | Date Compl. Ready to Prod. | Total Depth     | P.B.T.D.          |
| Elevations (D.F., R.A.B., 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    |                   |
|                                                                                                                                                                                                                                                                                                                                        |                             |                            |                 |                   |
|                                                                                                                                                                                                                                                                                                                                        |                             |                            |                 |                   |
|                                                                                                                                                                                                                                                                                                                                        |                             |                            |                 |                   |

V. 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    |

## GAS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D         | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (psig, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

## I. 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.

Cecil Lee's Co.  
(Signature)12-5-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 16 1986  
BY Paul Kautz  
Geologist

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 logs 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 Form C-104 must be filed for each pool in multiple-completed wells.