

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

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator	Petroleum Production Management, Inc.		
Address	P.O. Box 11320, Kansas City, Missouri 64112		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well ☐	Change in Transporter oil ☐	Oil ☒	Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐	Condensate ☐	effective 6-1-89
Change in Ownership ☐	If change of ownership give name and address of previous owner		

2. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Holt State	1	Vada Penn	State	LG-3815-2
Location				
Unit Letter	D	660	Feet From The North Line and	660
Line of Section	4	Township	10S	Range
			34E	N.M.P.M.
			Lea	County

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Permian SCURLOCK PERMIAN CORP EFF 9-1-91	P.O. Box 1183, Houston, TX 77251-1183					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	4	10S	34E		

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

4. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv. Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RAB, RT, CR, 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				

5. 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 100 gal. able 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	Dble. Condensate/MCF	Gravity of Condensate
Testing Method (Shot, back pr.)	Tubing Pressure (Shot-GL)	Casing Pressure (Shot-GL)	Choke Size

6. 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.

Regulatory Assistant

5-25-89

OIL CONSERVATION DIVISION

APPROVED JUN 1 1989 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 11.4.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 11.1.
All sections of this form must be filled out completely for all wells on new and recompleting wells.