Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

4.	ı		AOL C		- AND MA	ALOUVE C					
								Well API No. 30-041-20493			
Address	Company		-						0910	2473	
P. O. Box 2208,	Roswell	, New	Mexi	co 88	202						
Reason(s) for Filing (Check proper box)	,	CT	,		Ou	her (Please exp	olain)				
New Well	Oil	Change in T	ranspor Dry Gas								
Change in Operator	Casinghead		Condens								
If change of operator give name and address of previous operator			eum,	P. O.	Box 22	08. Rosw	zell. Ne	w Mexico	88202		
II. DESCRIPTION OF WELL						<u> </u>	CLLY NO	W HEALCO			
Lease Name Well No. Pool Name, Including									nd of Lease No.		
						anch-Bough C			e, Federal or Fee N.A.		
Location	: 198	0 .			South.	. 1	980		East		
Unit Letter	:						Line and 1980 Feet From The			Line	
Section 9 Township 7S Range 33E					, NMPM, Roc			osevelt	sevelt County		
III. DESIGNATION OF TRANS				NATU							
Name of Authorized Transporter of Oil	1 X !	or Condensa						ed copy of this f			
Permian SCURLOCK PERMIAN CORP EFF 9.1.91 Name of Authorized Transporter of Casinghead Gas X or Dry Gas						P.O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp.					1	589, Tul			orm B to be st		
If well produces oil or liquids,	oduces oil or liquids, Unit Sec. Twp. Rge					ly connected?		en ?	n. ?		
give location of tanks.	J	<u>9</u>	7S	33E		Yes		12	-09-87		
If this production is commingled with that five COMPLETION DATA	rom any other	r lease or po	ool, give	commingl	ing order num	nber:					
Designate Type of Completion -	(X)	Oil Well] G	as 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.	J		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations								Depth Casir	Depth Casing Shoe		
	·					· · · · · · · · · · · · · · · · · · ·					
TUBING, CASING AND					CEMENTI						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
U TECT DATA AND DECLIES	T FOD A	LOWA	DI E								
V. TEST DATA AND REQUES' OIL WELL (Test must be after re				l and must	he equal to o	r exceed top at	lowable for t	his depth or he	for full 24 hou	r.s.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	aure		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL											
ual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPL	IAN	CE		011 001	NOED)	/ATION!		\\\!	
I hereby certify that the rules and regulations of the Oil Conservation					'	OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										ك	
15 the and complete to the best of the knowledge and belief.					Date	Date Approved					
Talla Le Jeune					Bv	By					
Signature Karla LeJeung	Prod	uction	Cle	rk	-	, 1					
Printed Name	505 /	625-67	Title 45		Title						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.