

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	Form C-104 Supersedes OIA C-104 and C-110 Effective 1-1-65
NAME OF FIELD	
FILE NO.	
U.S.G.S. LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator D. H. Hunt	
Address 600 W. Illinois Suite 706 Midland, Tx. 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☒ Condensate ☐
Change in Ownership ☐	Commence to sell casinghead gas.

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name Field State	Well No. 1	Pool Name, including Formation Gladiola (Wolfcamp)	Kind of Lease State, Federal or Fee State
Lease No.			
Location			
Unit Letter A	: 660	Feet From The North	Line and 990 Feet From The East
Line of Section 21	Township 12S	Range 38E	NMPM, Lea County

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 Corporation SCURLOCK PERMIAN CORP EFF 9-1-91	P. O. Box 1183 Houston, Tx. 77001		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum	P. O. Box 1689 Lovington, N.M. 88260		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 21	Twp. 12S
	Rge. 38E	Is gas actually connected? Yes	When 5-6-88

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 Restv. ☐ Full Restv. ☐
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

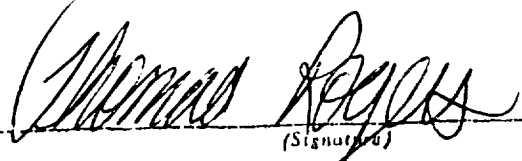
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)
Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Asst. Dist. Superintendent
(Title)
7-25-88
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	19
ORIGINAL SIGNED BY JERRY BENTON	
BY	
TITLE	

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 portions 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.