

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>W. O. HARRINGTON</b>	
Address <b>1814 FIDELITY UNION TOWER BLDG. DALLAS, TEXAS</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	RE-ENTRY
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Other (Please explain) <b>PLACED IN THE POOL YOU DO NOT CONCUR</b>	

If change of ownership give name  
and address of previous owner

Lease Name <b>SCHARBAUER CATTLE CO.</b>		Well No. <b>2</b>	Pool Name, Including Formation <b>QUEEN</b>	Kind of Lease <b>FEE</b>	Lease No.
Location					
Unit Letter	<b>330</b>	Feet From The	<b>WEST</b>	Line and	<b>2310</b>
		Feet From The	<b>SOUTH</b>		
Line of Section	<b>20</b>	Township	<b>18-S</b>	Range	<b>34-E</b>
			<b>LEA</b>		

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<b>WESTERN OIL TRANSPORTATION CO., INC.</b>		<b>Box 725 HOBBS, NEW MEXICO</b>				
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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
		<b>20</b>	<b>18-S</b>	<b>34-E</b>	<b>NO</b>	<b>—</b>

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>JAN. 20, 1969</b>	Date Compl. Ready to Prod. <b>MARCH 26, 1970</b>	Total Depth <b>4855'</b>		P.B.T.D. <b>4720'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4069 GR</b>	Name of Producing Formation <b>QUEEN</b>	Top Oil/Gas Pay <b>4526'</b>		Tubing Depth <b>4532'</b>					
Perforations <b>4</b>		Depth Casing Shoe <b>4721'</b>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<b>8 5/8"</b>	<b>7 7/8"</b>	<b>220'</b>		<b>CIRC</b>					
<b>6 7/8"</b>	<b>4 1/2"</b>	<b>4720'</b>		<b>400 SX TYPE "C"</b>					
	<b>2 1/2" TUBING</b>	<b>4532'</b>							

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 <b>SEPT. 28, 1969</b>	Date of Test <b>MARCH 15, 1970</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMPING</b>	
Length of Test <b>24 HOURS</b>	Tubing Pressure <b>0</b>	Casing Pressure <b>0</b>	Choke Size <b>OPEN</b>
Actual Prod. During Test <b>11 B.F.</b>	Oil-Bbls. <b>8</b>	Water-Bbls. <b>3</b>	Gas-MCF <b>TRACE</b>

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <b>JUN 15 1970</b> , 19	
<b>William E. Lick</b> (Signature) <b>CONSULTING GEOLOGIST</b> (Title) <b>MARCH 26, 1970</b> (Date)		BY <b>[Signature]</b> TITLE <b>SUPERVISOR DISTRICT</b>	
		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.	