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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRA	NSP	ORT C	OIL AN	ND NAT	URAL GA	NS .	BENT.			
perator		Well A			API No.							
Marshall R. Young Oil	Co.											
Address Boy E1170 Mid	lland,	Texas	797	10-11	70							
P. O. Box 51170 Mic leason(s) for Filing (Check proper box)						Othe	(Please expla	iin)	1 1000	GPMO	as Cor	
lew Well		Change in			٦	1			مشكرك فبيرا	och Pe	,	
ecompletion	Oil	<u> </u>	Dry G		J 7	Fff	ctive 4	/1/92 4	Soucle	xla Pe	ir mooun	
hange in Operator	Casinghead	i Gas	Conde	nsate _	<u></u>				22110		THOUTH	
change of operator give name d address of previous operator												
DESCRIPTION OF WELL	AND LEA	SE					_					
ase Name Well No. Pool Name, Inclu						4116 1 01112-1012			Kind of Lease No.			
Carrie O. Davis		3	Ho	obbs S	San A	ndres,	<u> </u>	par,				
ocation	. 99	in			S		990	О Б	et From The	W	Line	
Unit Letter	.:		Feet F	rom The		Line	and	re	æt i ioiii i iic -			
Section 29 Township	185	•	Range	39	9E	, NM	IPM,	Le	a		County	
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	ND NA	TURA	L GAS	addragg to wi	hick apprayed	conv of this f	orm is to be se	 n1)	
Name of Authorized Transporter of Oil	or Condensate				P.	P. O. Box 4648			approved copy of this form is to be sent) Houston, Texas 77210-464			
Scurlock Permian Corp		X	or Dra	y Gas					copy of this f	form is to be see	nt)	
Name of Authorized Transporter of Casing GPM Gas Corp(formerly	Philli	ips 66	Nat	ural	Gas ()	4()44 Penb	rook	Odessa,	, Texas	79762	
f well produces oil or liquids,	Unit	Sec.	Twp.	F	ge. is	gas actually	connected?	When	1 ?			
ive location of tanks.	نـــــــــــــــــــــــــــــــــــــ	L	1									
this production is commingled with that i	from any oth	ier lease or	pool, g	ive comm	ungling	order numb	er:					
V. COMPLETION DATA		Oil Wel	1 1	Gas Wel	<u> </u>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		"i	040	" i			İ	İ	<u> </u>		
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
·					- Park	# 09/0 ban			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	ormatic	าก	10	Top Oil/Gas Pay			Tubing Depth			
									Depth Casing Shoe			
Perforations												
	-	TUBING	CAS	SING A	ND CE	MENTI	NG RECOF	ND				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLL GILL												
												
												
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	<u> </u>								
OIL WELL (Test must be after t	recovery of I	otal volum	e of load	d oil and	musi be	equal to or	exceed top al	lowable for 11	nis depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test				Pı	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
						D			Choke Size	<u> </u>		
Length of Test	Tubing Pressure					asing Press	Tic					
Asset Dead During Test	Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	OII - DUIS.											
CACMELL												
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			B	bls. Conde	sate/MMCF		Gravity of	Condensate		
Uning Line 1691 - MICTIE	margar or said								7 1 6			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				C	Casing Pressure (Shut-in)			Choke Size			
vang (rank)												
VI. OPERATOR CERTIFIC	CATE O	F COM	IPLIA	NCE				NICED!	/ΔΤΙΩΝ	DIVISIO	NC	
I hereby certify that the rules and regu	lations of th	e Oil Cons	servation	0		'		NOFU		١, ١, ١٥١٠		
Division have been complied with and is true and complete to the best of my	I that the info	ormation g	iven abo	ove		~		ad	MAR	24		
15 true and withfrete to the best of my						Date	e Approv	eu				
116 Simtim	M				_	Dv	ORIGIN	VAL SIGNA	ED BY JERS	ey sexton	1	
Signature W. E. Montgome	rv. Di	st. Ma	nage	·r		By_		DISTRICT	1 5 117887.	14/34		
Printed Name			Title	e	-	Title	•					
March 19, 1992		915/68	3-52	28	_	1 1116	·					
Date		T	elephon	e No.	i l							

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

- 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.
- 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.