

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

NEW MEXICO OIL CONSERVATION COMMISSIC
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 Texas Oil & Gas Corp.			
Address P. O. Box 591, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	THIS WELL HAS BEEN PLACED IN THE POOL DETERMINED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		
		Dry Gas <input type="checkbox"/>	
		Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

Lease Name Scharb "2" State		Well No. 1	Pool Name, Including Formation Wildcat (Bone Spring)	Kind of Lease State, Federal or Fee	State
Location					
Unit Letter	M	660	Feet From The	west	Line and 660 Feet From The south
Line of Section	2	Township	19-S	Range	34-E, NEPM, Lea County

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)			
Permian		Hobbs			
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.
		M	2	19-S	34-E
		Is gas actually connected? No			

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X			X
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
9-29-73	11-24-73	13,750		13,000					
Pool	Name of Producing Formation	Top Oil/Gas Pay		Taking Depth					
Wildcat	Bone Spring	10,506		10,342					
Perforations				Depth Casing Shoe					
10,506-30 & 10,550-82 w/2 JSPF				13,750					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
Unknown	11 3/4		400		500				
Unknown	8 5/8		4062		530				
7 7/8	5 1/2		13,750		600				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-23-73	12-11-73	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	75	Packer	26/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
327	327	T	300

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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 _____, 19	
		BY _____	
		TITLE _____	
(Signature) J. R. Colter		This form is to be filed in compliance with RULE 1104.	
Petroleum Engineer		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.	
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
December 12, 1973		Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.	
(Date)		Separate Forms C-104 must be filed for each pool in multiply completed wells.	