CORRECTED OPY

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

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

Submit 5 Copies
Ap ropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| | TO TRANS | SPORT OIL | AND NATURAL GA | \S | | |
|---|--------------------------------|------------------------|---|--|--|--|
| pentor Maralo, Inc. | | | | Well API No. | 7611 API No. 30 025 31635 | |
| idress P. O. Box 832, Midla | and Texas 797(| 02 0832 | | | | |
| eason(s) for Filing (Check proper box) ew Well ecompletion hange in Operator change of operator give name | Change in Tra | | Other (Please explain To move 600 battesting, CALL) | MA) To correct A & Lease Name arrels of oil to MIKE WELLER W/Y | PI #, Location. make room for /ERBAL 915 687-93 | |
| d address of previous operator | · | | <u></u> | | | |
| DESCRIPTION OF WELL | | | | | 1 No. | |
| case Name West Corbin"13" Federal Co | Well No. Po | ol Name, Includi | | Kind of Lease State, Federal or Fee | Lease No. NM 53239 | |
| Corpin 13 Federal Co contion Unit Letter P | | | orbin (Wolfcamp) | O Feet From The _ | | |
| | hip 18-S Ra | nge 32-1 | E , nmpm, | Lea | County | |
| • | Nanopæen of OII | A NITS NI A TTI I | DAT CAS | | | |
| II. DESIGNATION OF TRA | NSPORTER OF OIL or Condensate | | Address (Give address to wi | hich approved copy of this fo | em is to be sent) | |
| Scurlock-Permian Corporation | | | P.O. Box 4648, Houston, Texas 77210 | | | |
| Name of Authorized Transporter of Cas | | Dry Gas | Address (Give address to wi | hich approved copy of this fo | orm is to ve sent) | |
| f well produces oil or liquids, ive location of tanks. | Unit Sec. Tw | vp. Rge. 3S 32E | is gas actually connected? | When? | | |
| this production is commingled with the V. COMPLETION DATA | at from any other lease or poo | i, give comming | | | | |
| Designate Type of Completion | | Gas Well | New Well Workover X Total Depth | Deepen Plug Back | Same Res'v Diff Res'v | |
| Date Spudded 8-14-92 | Date Compl. Ready to Pro | oa. | Total Depth | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay Tubing Depth | | h | |
| Perforations 11,034 - 11,048 | , | | 1 | Depth Casin | g Shœ | |
| .,, 00 | TUBING, C. | TUBING, CASING AND | | D | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | |
| | | | | | | |
| | | | | | | |
| , TEST DATA AND REQU | EST FOR ALLOWAR | LE | | | | |
| OIL WELL (Test must be afte | er recovery of total volume of | load oil and mus | I be equal to or exceed top all Producing Method (Flow, p | lowable for this depth or be jump, eas lift, etc.) | for full 24 hours.) | |
| Date First New Oil Run To Tank | Date of Test | | Fromicing Wedloc (170%) p | | | |
| Length of Test | Tubing Pressure | | Casing Pressure | Choke Size | | |
| Actual Prod. During Test | Oil - Bbls | | Water - Bbis. | Gas- MCF | | |
| GAS WELL | | | Bbls. Condensate/MMCF | Gravity of (| Condensa:e | |
| Actual Prod. Test - MCF/D | Length of Test | | Bois. Condensate/MMCP | Siavily of V | COLUMN CONTRACTOR CONT | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shul-in) | | Casing Pressure (Shut-in) | Choke Size | | |
| VI. OPERATOR CERTIF I hereby certify that the rules and re | ICATE OF COMPL | LANCE | OIL CO | NSERVATION | DIVISION | |
| Division have been complied with a is true and complete to the best of r | and that the information given | above | Date Approve | edOF | C 0 8 '92 | |
| Brenda Collman | | | By ORIGINAL SIGNED BY JERRY STATION | | | |
| Signature Bren | da Coffman, Agen | t | | numer grand for the control of the c | | |
| Printed Name November 30, 1992 | 915 684-7 | 147 | Title | | <u> </u> | |
| Date | Teleph | hône No. | 11 | | | |

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.

RECEIVED

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