

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Carbon Energy, Incorporated

P. O. Box 129

Hobbs, New Mexico 88240

Reason(s) for filing (check proper box)

New Well ☒
Recompletion ☐
Change in Transporter ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☒Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Shell State	Well No. 1	Pool Name, Including Formation Eumont	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter C 990 Feet From The N Line and 1650 Feet From The west				
Line of Section 6 Township 19S Range 37E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Oil or Condensate Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 2648 Two Shell Plaza Houston, Tx.
Casinghead Gas or Dry Gas Northern Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 2300 Midland, Texas 79701
Well produces oil or liquids, give location of tanks.	Unit C Sec. 6 Twp. 19N Rge. 37
Is gas actually connected?	When May 12, 1980

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
Date completed	Date Compl. Ready to Prod.	Total Depth			P.S.T.D.			
Conditions (F, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

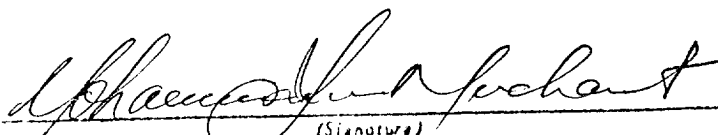
Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Shut-in Test	Tubing Pressure	Casing Pressure	Choke Size
Open Production Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Flow Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Leakage (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Secretary-Treasurer
(Title)
June 6, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 10 1980, 10

BY Orig. Signed by
Jerry Sexton
TITLE Dist. 1, Supv.

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 Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 9 1980

OIL CONSERVATION DIV