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

State of New Mexicoergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Anesia, NM 88210

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REQ					AUTHORIZ					
Operator	TO TRANSPORT OIL AND NATURAL GAS Well API No. 30 025 31								B57		
Address P.O. Box 4000, The Woodlands, Texas 77387-4000											
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Oil	Change in	Transport	Ler of:		er (Please expla	in)	, . ,			
and address of previous operator										 	
II. DESCRIPTION OF WELL Lease Name					.C						
Scharbauer "4" 1 Gem (Bo								of Lease No. Federal of Fee			
Location Unit LetterO	:66	50	_ Feet Fro	m The	South Line	and1980) Fe	et From The	East	Line	
Section 4 Townshi	20S	5	Range	33E	, NN	лрм,		L	ea ————	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Koch Oil Company, a Di		C d			Address (Give	e address to wh					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas GPM Gas Services Company					P.O. Box 1558, Breckenridge, TX 76424 Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook, Odessa, TX 79762						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. 20S	Rge. 33E	 		When	·	·		
If this production is commingled with that IV. COMPLETION DATA	from any or	her lease or	pool, give	comming	ling order numb	жг					
Designate Type of Completion	- (X)	Oil Well	Ga	as Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	ipl. Ready to	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					1	····		Depth Casing Shoe			
UO: F 8175	7					NG RECOR	D		NOVO CEM	ICAIT	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR	ALLOW.	ABLE								
OIL WELL (Test must be after r	ecovery of s	otal volume		l and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	esi			Producing Me	thoc (Flow, pu	mp, gas lýt, e	elc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<u></u>				-i						
Actual Frod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing itessure (Shut-in)				Casing Pressure (Snut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and is true and complete to the best of my to the best of the b	ations of the	e Oil Conser	vation	CE		OIL CON	in	ATION 19 23 19		NC	
Signature Re-	g. Affa	airs Sp	ecial	ist	By_	0		IGNED BY RICT I SUPI		(TON	
George Mullen Printed Name 11-04-93 Date		13) 377	Title		Title		<u>-</u>				

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.

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