

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I.

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator

Amerada Hess Corporation

Address

Drawer D, Monument, New Mexico 88265

Reasons for filing (Check proper box)

New Well

☐

Change in Transporter of:

Oil

☒

Dry Gas

☐

Recompletion

☐

Casinghead Gas

☐

Condensate

☐

Change in Ownership

☐

Other (Please explain)

Effective 5-1-82

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Joyce Pruitt	2	Drinkard	State, Federal or Fee	Fee
Location	Unit Letter	J	2310	Feet From The
		East	1650	Feet From The
		South		
Line of Section	31	Township	21 S.	Range
			37 E.	NMPM, Lea
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil	☒ or Condensate	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	Permian (Eff. 9/1/87)	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas	☒ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company		P. O. Box 1351, Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	31
		Twp.
		21S
		Range
		37E
		Yes
		When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Time Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevation	Name of Producing Formation	Test Loc. Test Day	Tubing Depth					
Performance			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 allowable for this depth or better (full 24 hours))

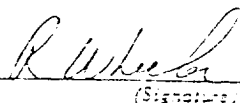
Date First Test	Date of Test	Production Method (Flow, pump, gas lift, etc.)	
Pressure	Tubing Pressure	Casing Pressure	Choke Size
Actual Flowing Test	Oil/Gals.	Water/Gals.	Gas-MCF

GAS WELL

Actual Flowing Test - MCF/D	Length of Test	Prod. Condensate/MCF	Gravity of Condensate
Testing Method (Vent, back prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)

Production Clerk

(Title)

April 5, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 8 1982, 19

By Les Clements

TITLE Oil & Gas Insp.

This form is to be filed in compliance with RULE 1101.

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 data 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.