

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
MAXUS EXPLORATION COMPANY

Address  
P.O. Box 10397, Midland, TX 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input checked="" type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner  
NATURAL GAS PIPELINE COMPANY OF AMERICA

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL	Well No. 2	Pool Name, including Formation ANTELOPE RIDGE (Morrow)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 19143
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>34</u> Township <u>22-S</u> Range <u>34-E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Scurlock Oil Co (915-683-3052)	511 W. Ohio, Ste 200, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
MAXUS EXPLORATION COMPANY	2001 Ross, Suite 1536, Dallas, TX 75201
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>34</u> Twp. <u>22-S</u> Rge. <u>34-E</u>	Yes December 1, 1987

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Greg Drwenski (Signature)  
Senior Production Engineer (Title)  
May 31, 1988 (Date)

OIL CONSERVATION DIVISION

APPROVED JUN 6 1988  
ORIGINAL SIGNED BY JERRY SEXTON, 19  
BY DISTRICT 1 SUPERVISOR  
TITLE \_\_\_\_\_

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED

JUN 2 1988

OCD  
HOBBS OFFICE

# OIL CONSERVATION DIVISION

**Hobbs**  
P.O. Box 1980  
Hobbs, NM 88240

**Artesia**  
P.O. Drawer DD  
Artesia, NM 88210

**Aztec**  
1000 Rio Brazos  
Aztec, NM 87410

## NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

This is to notify the Oil Conservation Division of the following:

Connection	<u>X</u>	First Delivery	<u>12-01-87</u>	<u>2070 MCFPD</u>
			<b>Date</b>	<b>Initial Potential</b>
CORRECTION - Change Transporter from NGPL to Maxus Delivery				
Reconnection		First Delivery		
			<b>Date</b>	<b>Initial Potential</b>
Disconnection				

for delivery of gas from the MAXUS EXPLORATION COMPANY

### Operator

Federal #~~19143~~

### Lease

<u>342209</u>	<u>Station 2</u>	<u>2</u>	<u>P</u>	<u>Sec. 34, T22S, R34E</u>
<b>Meter Code</b>	<b>Site Code</b>	<b>Well No.</b>	<b>Unit Letter</b>	<b>S-T-R</b>
<u>Antelope Ridge (Morrow)</u>				
<b>Pool</b>				

was made on 12-01-87  
date

(Lower Tubing)

AOF

Choke

MAXUS EXPLORATION COMPANY

### Transporter

GREG DRWENSKI/SENIOR PRODUCTION ENGINEER

**Representative Name/Title**  
(Please type or print)

*Greg Drzenski*

**Representative Signature**

### OCD use only

County \_\_\_\_\_

Land Type \_\_\_\_\_

Liq. Transporter \_\_\_\_\_

Submit in duplicate to the appropriate district office.