REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-65

N.M.O.C.C.	
HOBBS OFFICE	
TRANSPORTER OIL	
GAS	
OPERATOR	
PRORATION OFFICE	

I. Operator

John Yuronka

Address

120-C Central Bldg., Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

Request approval to commingle production from Jalmat & Langlie Mattix Pools under Order No. R-663

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.
Ires State	2	Jalmat-Seven Rivers	State, ~~Federal~~	B-[illegible]

Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 16 Township 23-S Range 36-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Scurlock Oil Company
Address (Give address to which approved copy of this form is to be sent)
1216 Vaughn Bldg., Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
600 Bldg. of the SW, Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	16	23S	36E	Yes	

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	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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	4-6-76	Flowing	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	60#	Pkr.	15/64"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
40.41	28.11	12	66

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	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.

John Yuronka
(Signature)
Authorized Agent
(Title)
April 13, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 19 1976, 19__

BY Jerry Sexton

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.