John Yuronka Ares State #4

- 12/26/75: PBTD 3750'. Perf. 3410', 3419', 3451', 3459', 3461' and 3470' w/l SPF. Treat w/l,000 gals. 15% MCA acid. All water. No shows.
- 1/5/76: Set Bridge Plug @ 3430'. Tested perfs. 3410' and 3419'. Swabbed dry. Treat w/1,000 gals. 15% MCA acid. All water. No. shows.
- 1/10/76: Set Bridge Plug @ 3400'. Perf. 3350', 3352', 3355' and 3369' w/l SPF. Treat w/l,000 gals. 15% MCA acid. Swod. and flwd. 100 bbls. fluid per 8 hrs. - 10% oil. Produced for only 10 days.
- 2/10/76: Sot Bridge Plug @ 3360'. Tested perfs. 3350', 3352' and 3355'. Placed well on production.

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		AND	Effective 1-1-65				
L ND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	- GAS				
TRANSPORTER OIL							
GAS							
OPERATOR							
PRORATION OFFICE							
John Yuronka							
Address	7.11						
120-C Central Bui	lding, Midland, Texas 7	79701					
Reason(s) for filing (Check proper b New Well		Other (Please explain)					
Recompletion	Change in Transporter of: Oil	Request approva	1 to commingle production				
Change in Ownership		Gas in Jalmat and I densate Order No. R-663	anglie Mattix Pools under				
			/•				
If change of ownership give name and address of previous owner							
		-					
II. DESCRIPTION OF WELL ANI	Vell No. Pool Name, Including						
Ares State	4 Jalmat-Seve		Lease No.				
Location		Sidle,					
Unit Letter G ; 16	50 Feet From The North	Line and 1980 Feet Free	East				
24	00 0						
Line of Section 16 T	ownship 23-S Range	36-E , NMPM, Lea	County				
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL O	14 S					
Name of Authorized Transporter of O	11 🔀 or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)				
Scurlock Oil Company		1216 Vaughn Bldg., Mi	dland, Texas 79701				
Name of Authorized Transporter of C El Paso Natural Gas		Audress (Give address to which appro	oved copy of this form is to be sent)				
	Unit Sec. Twp. Ege.	600 Bldg. of the SN, Is gas actually connected? Wi					
If well produces oil or liquids, give location of tanks.	A 16 23S 36E		7 -9- 74				
If this production is commingled w	ith that from any other lease or pool						
IV. COMPLETION DATA		, give comminging order number:					
Designate Type of Completi	on - (X) X Gas Well	New Well Workover Deepen X	Plug Back Same Res'v. Diff. Res'v.				
Date Spudded	Date Compl. Ready to Prod.						
12-2-75	1-12-76	Total Depth 3800 1	Р.в.т.D. 33701				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth				
34951 DF	Seven Rivers	3350 ፣	33401				
Perforations 33501, 33521 and 3	2551		Depth Casing Shoe				
			38001				
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD					
12-1/4"	8-5/811	4251	SACKS CEMENT				
7-7/8"	4-1/2"	38001	500				
		· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQUEST F OIL WELL	able for this di	after recovery of total volume of load oil epth or be for jull 24 hours)	and must be equal to or exceed top allow-				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	ft, e:c.)				
1-12-76	3-18-76	Flowing					
Length of Test 24: hrs.	Tubing Pressure $200\frac{4}{t^2}$	Cesing Pressure	Choke Size				
Actual Pred. During Test	011-Bbls.	Water-Bbls.	16/64"				
94.94	34.65	60.29	204				
	·····		<u></u>				
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)	Cauing Pressure (Shut-in)	Choke Size				
		,					
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION				
		ADG	6 1976				
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED AFR	, 19				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief,		BY CIEL Ste	15-2				
		SUPERVISOR DISTRICT					
$\wedge \wedge \wedge \wedge$		TITLE					
<u>Authorized Agent</u>		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 allow-					
				(Title)		All sections of this form mus able on new and recompleted we	
				March 25, 1976			III, and VI for changes of owner,
(Da		well name of number, of transporte	er, or other such change of condition.				