

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
**John Yuronka**

Address  
**102 Petroleum Building, Midland, Texas 79701**

Reason(s) for filing (Check proper box)      Other (Please explain)

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

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>E. F. King</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Jalmat-Yates &amp; 7 Rivers</b>	Kind of Lease <b>\$300000000 Fee</b>	Lease No.
Location				
Unit Letter <b>M</b>	<b>990</b>	Feet From The <b>South</b>	Line and <b>330</b>	Feet From The <b>West</b>
Line of Section <b>31</b>	T. township <b>22-S</b>	Range <b>37-E</b>	NMPM, <b>Lea</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
<b>El Paso Natural Gas Company</b>	<b>2 Petroleum Ct., Suite 200, Midland, TX 79701</b>
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rge.
	Is gas actually connected?    When
	<b>No</b> <b>1-1-83</b>

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.
		<b>X</b>	<b>X</b>					
Date Spudded <b>9-7-82</b>	Date Compl. Ready to Prod. <b>12-3-82</b>	Total Depth <b>3600'</b>	P.B.T.D. <b>3541'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3420' DF</b>	Name of Producing Formation <b>Yates &amp; 7 Rivers</b>	Top Oil/Gas Pay <b>3047'</b>	Tubing Depth <b>3372'</b>					
Perforations <b>3047'-3362'</b>	Depth Casing Shoe <b>3600'</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>413'</b>	<b>325</b>					
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>3600'</b>	<b>575</b>					
	<b>2"</b>	<b>3372'</b>						

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)

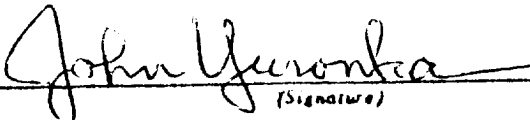
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <b>315 Mcf</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MMCF <b>-</b>	Gravity of Condensate <b>-</b>
Testing Method (spiral, back pr.) <b>Flowing</b>	Tubing Pressure (shut-in) <b>40#</b>	Casing Pressure (shut-in) <b>80#</b>	Choke Size <b>32/64"</b>

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

  
**John Yuronka**  
(Signature)  
**Authorized Agent**  
(Title)  
**12-14-82**  
(Date)

OIL CONSERVATION DIVISION  
**JAN 20 1983**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
ORIGINAL SIGNED BY  
BY **JERRY SEXTON**  
TITLE **DISTRICT 1 SUPR.**

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 multiple completed wells.

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O.C.B.  
HOBBS OFFICE