Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

1,800/

APR 30 1993

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. United Gas Search, Inc. 30-025-11981 Address c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

Reason(s) for Filing (Check proper box)

Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Dry Gas Recompletion Oil Effective 11/1/91 Change in Operator Casinghead Gas 👿 Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Glenn-Ryan South Loenard Queen Statex Federal oxFear NM-7951 Location 1974 Unit Letter . Feet From The North Line and 1976 \_ Feet From The \_ East ::37E 13 26S Township Range , NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) X Scurlock Permian Corp. P. O. Box 1183, Houston, TX 77251-1183 X Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline Co 1st City Bank Tower, 201 Main St, FtWorth TX If well produces oil or liquids, Unit Sec. Twp. When? Rge. is gas actually connected? give location of tanks. J 14 265 9/12/77 37E Yes If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA SID RICHARDSON GASOLINE CO. - Eff. 3/1/93

Oil Well | Gas Well | New Well | Workover | 1 Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) 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 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 top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls Water - Bhis Gas- MCF **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. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved . Orig. Signed by Wound. Signature Donna Holler By. Paul Kaulz Agent Geologist Printed Name Title Title 10-31-91 505

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

RECORD

ONLY

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

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