NTA FE
E
.G.S.
ND OFFICE
ANSPORTER OIL X
GAS X
ERATOR
ORATION OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

rator
Dallas McCasland

ress
P. O. Box 206 - Eunice, New Mexico 88231

son(s) for filing (Check proper box)
- New Well
- Completion
- Change in Ownership

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

Other (Please explain)
Effective Date: 5/1/83

nge of ownership give name
address of previous owner

CRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "O"	3	Scarborough Yates	State, Federal or Fee State	

ation
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West
Line of Section 23 Township 26S Range 37E , NMPM, Lea County

GNATION OF TRANSPORTER OF OIL AND NATURAL GAS

e of Authorized Transporter of Oil [X] or Condensate [ ]
CITGO Petroleum Corporation
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 272 - Odessa, TX 79760

e of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX]
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1492 - El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

MPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

e Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
forations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

T DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo
able for this depth or be for full 24 hours)
WELL

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

S WELL

ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ting Method (Pitot, Back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation
mission have been complied with and that the information given
ve is true and complete to the best of my knowledge and belief.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 23 1983, 19

BY ~~ORIGINAL SIGNED BY JERRY SEXTON~~
DISTRICT I 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 deepe
well, this form must be accompanied by a tabulation of the devia
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condi