	NO. OF COPIES RECEIVED						
	DISTRIBUTION						
	SANTA FE						
	FILE	<del></del>					
l	U.S.G.S.						
-	LAND OFFICE						
	TRANSPORTER	OIL					
		GAS					
	OPERATOR						
	PRORATION OFFICE						
	Cperator  BLACK Address						
			100				
	Reason(s) for filing (Check proper bo						
	New Well						
	Recompletion						
	Change in Cwnership						

## NEW MEXICO OU CONSERVATION COMMISSION

SANTA FE		14211		FOR ALLOWABLE	MISSION	Supersedes O	ld C-104 and C-110
FILE			11202011	AND		Effective 1-1-	
U.S.G.S.		AUTHODIZA	TION TO TOA	NSPORT OIL AND	NATURAL CAC		
LAND OFFICE		AUTHURIZA	TION TO TRAI	NSPURT UIL AND	NATURAL GAS		
TRANSPORTER OF	<del></del>						
G A	\5						
OPERATOR	<del></del>						
PRORATION OFFICE Operator		<u> </u>	<del></del>				
O's et ato:	T. LOWD	OUT OTT COMPA	arv.				
Address		OCK OIL COMPA		70701			
Pagaga(a) for filling (Cha		& J Tower, M	idiand, ix		.1		
Reason(s) for filing (Che	ck proper oox)			Other (Pleas	e explain)		
New Well		Change in Trans					
Recompletion		01,	XX Dry Gas	· ==			
Change in Cwnership		Casinghead Gas	Condens	sate			
If change of ownership and address of previous  I. DESCRIPTION OF W	owner	LEASE Well No. ( Poct )	Jane, including Fo	rmation	Kind of Lease		Lease No.
Union Fede	ral	2		(Delaware)	State, Federal or F	ee Federal	NM-0392082
Location Unit Letter <b>B</b>	·	660 Feet From The	North Line	e and 1980	Feet From The _	East	!
Line of Section 4		vnship 26-S		<b>34-</b> É , 11MP		Lea	County
I. DESIGNATION OF T	DANSDODI			s			
Name of Authorized Tran	sporter of Oil	XX or Condens	ate [	Aigress (Give address	to which approved co	py of this form is	to be sent)
SCURLOCK (	IL COMPA	NY		1216 Vaugh	n Building,		
Contract 1		ng		. sa min sinti			i
If well produces oil or li give location of tanks.	quids,		26-S 32-E	Is gus dotually connec N/A	ted? when	N/A	
If this production is co	mmingled wit	h that from any othe	r lease or pool,	give commingling ord	er number:	27/4	
V. COMPLETION DATA	<u> </u>	Cil Well	Gas Well	New Well Workover	Deepen Plu	N/A a Back Same R	es'v. Diff. Res'v.
Designate Type o	f Completio		1				1
Date Spudded		Date Compl. Ready t	o Frod.	. Total Depth	P.E	3.T.D.	
Elevations (OF, RKB, R	T, GR, etc.,	Name of Producing F	formation	Top Cil/Gas Pay	Tui	eing Depth	
Perforations		·			De;	oth Casing Shoe	
Fellordrona							
				CEMENTING RECO			
HOLE SIZ	Ε	CASING & TL	BING SIZE	DEPTH	SET	SACKS CE	EMENT
		<u> </u>		· · · · · · · · · · · · · · · · · · ·			<del></del>
		<u> </u>		i • • • • • • • • • • • • • • • • • • •			
		·			<del></del>		
		<u> </u>		L			
V. TEST DATA AND R	EQUEST F	OR ALLOWABLE	Test must be a	fter recovery of total vo pth or be for full 24 hou	lume of load oil and m	nust be equal to o	r exceed top allow
Oll. WELL  Date First New Oil Run	To Tanks	Date of Test	aoie jor inis de	Producing Method (Flo		:.)	
Length of Test		Tubing Pressure		Casing Pressure	Ch	oke Size	···
Actual Prod. During Tes	it	Oil-Bbls.		Water - Bbis.	Ga	s - MCF	
GAS WELL				<u>, .                                     </u>		<del></del>	
Actual Prod. Test-MCF	`∕D	Length of Test		Bbls. Condensate/MM	CF Gr	gvity of Condenso	ite
Testing Method (pitot, b	oack pr.)	Tubing Pressure (S)	nut-in)	Casing Pressure (Sh	it-in) Ch	oke Size	
VI. CERTIFICATE OF	COMPLIAN	CE		OIL	CONSERVATION		
_ · · · · ·					1,79 14	.219	_, 19
I hereby certify that the	ne rules and	regulations of the O	il Conservation	APPROVED	THE COLUMN		_, 19
Commission have bee	n complied :	with and that the ir	itormation given	BY	Orig. Sig	ned by	
WOONE IN LINE BUG CO	prete to tu	_ Dogs of my knows	-6	11	Joe D	Ramey	
	1			TITLE	I list	S	

## VI.

ove is true and complete to the best	of my knowledge and belief.
(D) d	
//T/2010	O. D. Butler
(Signature)	
President	
(Title)	

April 11, 1972

APPROVED	177 14 372	, 19
A.Y.	Orig. Signed by	
J 1	Joe D Ramey	
TITLE	Dist I, Supv.	

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 multiply