Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

ΤX

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	O TRA	<u>NSI</u>	PORT OIL	AND NAT	URAL GA		nt XI			
Operator		Well A			PI No. 30-025-24334						
O'Neill Properties, Ltd.						30.00				/	
Address D. O. Pow 2840 Midlan	d T	g 70°	70つ								
P. O. Box 2840, Midlan Reason(s) for Filing (Check proper box)	u, rexa	s/Y			Othe	τ (Please expla	iin)		,		
New Well	(Change in	Trans	sporter of:							
Recompletion	Oil Dry Gas							-			
Change in Operator	Casinghead	Gas X	Conc	densate							
change of operator give name						- ·· 				=	
nd address of previous operator											
I. DESCRIPTION OF WELL	AND LEA	SE	1-				1 *** •	61	Ţ.	noe No	
Lease Name		Well No.			ng Formation (TOWNS	of Lease Foodenikok Fed		ease No.	
ARCO CRUMP	l	2	Lar	nglie Mar	ttix Seve	en River	s I	20000	L		
Location	1	CEO.			C1-	165	0 -		Foot		
Unit LetterJ	_ :	<u>650</u>	_ Feet	From The	South Line	and	<u>U Fe</u>	et From The.	East	Line	
Section 1 Townshi	24-S		Ran	ge 36-E	, NI	MPM, le	a			County	
II. DESIGNATION OF TRAN	CDADTE	ያ ለፑ ለ	TT A	ND NATH	RAI. GAS						
Name of Authorized Transporter of Oil		or Conde			Address (Giv	address to w	rich approved	copy of this f	orm is to be se	nt)	
Scurlock Permian Corpo	ration			ш	1	33. Hous					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent) 76102						
d Richardson Carbon & Gasoline Company					First City Bank Tower, 201 Main St. Ft. Worth						
If well produces oil or liquids,	at produces on or inquies,					Is gas actually connected? When ?					
ive location of tanks.	II.	_1_	1243		Ye						
f this production is commingled with that	from any othe	er lease or	pool,	give comming	ling order numi	xer:				· ·	
V. COMPLETION DATA		10:::::	 _	C- W 4	Non-West	Waden	Dearca	Plug Pack	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Wel	ı	Gas Well	New Well	Workover	Deepen	i ring back	Poertie Ves A	Lui Kes v	
				i.	Total Depth	<u> </u>	.1	P.B.T.D.			
Date Spudded	Date Comp	Date Compt. Ready to Flod				-					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			oth		
Perforations								Depth Casin	ng Shoe		
								<u> </u>			
	TUBING, CASING AND				CEMENTI				CACKO OFFICIAL		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
	ļ. —							 			
					 		· · · · · · · · · · · · · · · · · · ·	+			
											
V. TEST DATA AND REQUE	ST FOR A	LLOW	ARI	Æ							
OIL WELL (Test must be after	recovery of to	tal volum	of lo	ad oil and mus	t be equal to or	exceed top all	owable for the	s depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Te				Producing M	ethod (Flow, p	ump, gas lift,	etc.)			
								(CL-1 C')			
Length of Test	Tubing Pressure					ure		Choke Size			
					1177			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			17101			
								_1			
GAS WELL								I Commercial	Condenses		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)				Casing Dress	Coolea Descrip (Shut in)			Choke Size		
Testing Method (pilot, back pr.)					Casing Pressure (Shut-in)						
				437000							
VL OPERATOR CERTIFIC	CATE OF	COM	PLL	ANCE		OIL COI	NSERV	ATION	DIVISION	NC	
I hereby certify that the rules and regu	lations of the	Oil Conse	ervatio	on.					الاراد _{الاراد ال}		
Division have been complied with and is true and complete to the best of my	i that the info knowledge 2	rmauon gr nd belief.	ven a	DOVE	n=:		- d			·	
is the aim complete to the oest of my					Date	e Approve	ea				
						1	rio Sion	ed by			
Simetime					∥ By_)rig. Sign .Paul Ka	utz			
Robert N. (Johnson -	Petrole	eum Er			11		Geolog	ist			
Printed Name			Tit	ile	Title)	-				
10-29-91		915/68									
Date	*	Те	rebuo	ne No.	- H						

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.