

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. **Operator** Asher Oil Company **Well API No.** 30 02524414 ✓
Address P.O. Box 423 Artesia NM 88210
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ **Change in Transporter of:**
Recompletion ☐ **Oil** ☐ **Dry Gas** ☐
Change in Operator ☒ **Casinghead Gas** ☐ **Condensate** ☐
If change of operator give name and address of previous operator Texas West Oil Co., 2651 N. Harwood St #120 Dallas, TX 75201

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name State 2 **Well No.** 2 **Pool Name, Including Formation** Atoka Ridge Atoka **Kind of Lease** State Federal or Fee **Lease No.** L-3882
Location Antelope
Unit Letter K **Feet From The** FTL **Line and** 1980 **Feet From The** FWL **Line**
Section 2 **Township** 24-T **Range** 34-E **NMPM,** Le9 **County**

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or **Condensate** ☒
Seurlock Permian Corp **Address (Give address to which approved copy of this form is to be sent)** 12th City Bank Tower, 201 Main St. Ft. Worth TX 76102
Name of Authorized Transporter of Casinghead Gas ☒ or **Dry Gas** ☒
J. D. Richardson Casinghead Co. **Address (Give address to which approved copy of this form is to be sent)** 333 Clay St. Suite 2900, Houston TX 77002
If well produces oil or liquids, give location of tanks. **Unit** K **Sec.** 2 **Twp.** 24 **Rge.** 34 **Is gas actually connected?** yes **When?**
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** ☐
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**
Perforations **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 **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 **Length of Test** **Bbls. Condensate/MMCF** **Gravity of Condensate**
Testing Method (pilot, back pr.) **Tubing Pressure (Shut-in)** **Casing Pressure (Shut-in)** **Choke Size**

VI. **OPERATOR 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.
Kevin Jones
Signature Kevin Jones **Partner**
Printed Name 3-1-93 **Title** 505-746-9811
Date **Telephone No.**

OIL CONSERVATION DIVISION
MAR 5 9 1993
Date Approved _____
By ORIGINAL SIGNATURE OF J. L. SEXTON
OTHER SUPERVISOR
Title _____

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.