

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

*Supersedes Old G-101 and G-102  
Effective 1-1-83*

DATA	
LE	
A.G.S.	
HD OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS
CHATOR	
CHATION OFFICE	
MDR	

Dallas McCasland

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

Send(s) to filing (check proper box)

Well  
 Completion  
 In Operation

Change in Transporter of Oil:

Oil

Dry Gas

Catalyzed Gas

Condensate

Other (Please explain)

Effective Date: 5/1/83

Name of ownership give name  
of entity of previous or owner

**DESCRIPTION OF WELL AND LEASE**

Location	Well No.	Pool Name, Including Formation	Kind of Lease	Location No.
State "CO"	6	Scarborough Yates	State, Federal or Fee	State

Section \_\_\_\_\_ D, \_\_\_\_\_ 310 Feet From The North Line and 990 Feet From The West

Section Letter \_\_\_\_\_ D, \_\_\_\_\_ Township 26S Range 37E, NWPM, Lea County

**NOTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS**

or of Authorized Transporter of Oil [ ] or Condensate [ ] Address (Give address to which approved copy of this form is to be sent)

or of Authorized Transporter of Condensate [ ] or Dry Gas [X] P. O. Box 272 - Odessa, TX 79760

Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Co. Box 1492 - El Paso, Texas 79978

Is gas actually connected? When

Delivery of oil or liquids, if any, to this lease \_\_\_\_\_

Delivery of rents, if any, to this lease \_\_\_\_\_

In production is commingled with that from any other lease or pool, give commingling order number \_\_\_\_\_

**COMPLETION DATA**

Indicate Type of Completion - (X) Drill Well T-Gas Well New Well Workover Deepen Plug Back Some Ready To Drill

Completion Method \_\_\_\_\_

Are Casing, Tubing, etc., ready to plug? Total Depth F.O.T.D.

Top of Casing, Tubing, etc., \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_

Depth Casing Shoe \_\_\_\_\_

**TUBING, CASING, AND CEMENTING RECORD**

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of liquid oil and must be equal to or exceed 100% of the allowable for this depth or be for full 24 hours)

Producing Method (Pump, pump, gas lift, etc.)

QTR OF TEST	PROD. RATE	CEMENT PRESSURE	CHOKE SIZE
QTR 1, 4, 5, 6, 7, 8	1000 BBL/DAY		
QTR 2, 3, 9, 10, 11, 12	1000 BBL/DAY	Water-BBLS.	GPM/SEC

SWELL	Length of Test	BBLS. Condensate/RMCF	Gravity of Condensate
Length of Test, Total (ft.)			
Length of Test, Back (ft.)			

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given herein is true and complete to the best of my knowledge and belief.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowance for a newly drilled or opened well, this form must be accompanied by a compilation of the pertinent tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely, no entries are to be left blank or incomplete.

FILL OUT ONLY Paragraphs I, II, III, and VI for class A or B wells or number 1, 2, 3, 4, 5 transported or other such classes of wells.

**OIL CONSERVATION COMMISSION**  
**MAY 23 1983**

APPROVED **ORIGINAL SIGNED BY JERRY SEXTON**  
BY **DISTRICT 1 SUPERVISOR**

TITLE \_\_\_\_\_

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