Submit 5 Copies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAI	NSPORT OI	LAND NATURAL GAS				
Operator DecrmOK Oil Inc.	Well API No.							
PermOK Oil, Inc.		30025258370 081 - √						
1550 Wynn Joyce Ro	ad, Sui	te 202,	LB 11, G	arland, TX 75043				
Reason(s) for Filing (Check proper box)			<u>.</u>	Other (Please explain	e)			
New Well			Transporter of:	7550			002	
Recompletion Change in Operator	Oil Casinghead		Dry Gas	EIIEC	ctive A	pril 1, 1	993	
If change of operator give name				.O. Box 151, Tulsa	a. OK	74101-015	1	
			,, -	· · · · · · · · · · · · · · · · · · ·	.,	7.202 023	-	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Include				ing Formation Kind		of Lease No.		<u> </u>
Glenn-Ryan						Rederal or Fee NM-7951		
Location	100	20		1000		r.7		
Unit Letter K	: 198	301	Feet From The Sc	outh Line and 1980) P•	et From The We	<u> </u>	_Line
Section 14 Townshi	ip 26 S	<u> </u>	Range 37 E	, NMPM,	Lea		Coı	unty
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	LXJ	or Condens	⁴⁶	Address (Give address to which		•••		
Scurlock Permian Corp Name of Authorized Transporter of Casin	P.O. Box 4648, Houston, TX 77210-4648 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas Sid Richardson Gasoline Co.				201 Main St., Suite 3000, Ft. Worth, TX 7610				
If well produces oil or liquids,	•		Wp. Rgs.	is gas actually connected?	Whea			
If this production is commingled with that	from any other		26S 37E	Yes		4/12/78		
IV. COMPLETION DATA		- Jane G. pc	or and an and an		***			
Designate Type of Completion	- (Y)	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back San	ne Res'v Diff	Res'v
Date Spudded	Date Compl. Ready to		rod.	Total Depth		P.B.T.D.		
				•				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			nation	Top Oil/Gas Pay	Tubing Depth			
Perforations					Depth Casing Shoe			
		·····						
TUBING, CASING AND								
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
. TEST DATA AND REQUES	T FOR AL	LOWAE	BLE			<u></u>		
OIL WELL (Test must be after re				be equal to or exceed top allows			ill 24 hours.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump	, gas lift, et	c.)					
ength of Test	Tubing Press	ure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Gas- MCF			
GAS WELL	L		······································					
Actual Prod. Test - MCF/D	Length of Te	et		Bbis. Condensate/MMCF		Gravity of Coade	maie	
anian Mashad (missa kanalana)	Tubing Proce	um (Chist.in		Casing Pressure (Shut-in)		Choke Size		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Casa-ta)					
/I. OPERATOR CERTIFICA	ATE OF (COMPL	LANCE	0" 00110		7101101	//O/ON	
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION				
Division have been complied with and the is true and complete to the best of my ki			9000	Data Approved		UN - 7 19	- -	
	1-0	1		Date Approved	ORIGIN	AL SIGNED B	Y JERRY SEX	(TON
Lodwy Jakel				Ву		DISTRICT I SU	PERVISOR	
Signature Rodney Ratheal	Vice-	-Presid	ent	<u> </u>	*****			
Printed Name		Ti	lie	Title				
May 28, 1993 Date	214-	-271-64 Telepbe						

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.