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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	,	TO TRA	NSPORT	OIL AND N	ATURAL G					
Operator United Cag Soarch Inc					Well API No.					
United Gas Search, In					30 - 025- 25837					
c/o Oil Reports & Gas	Sorvia	og Tm	n Pou 7	EE Wabba	NW 000	241				
Reason(s) for Filing (Check proper box)	Dervice	55, IIIC	3., BOX /		, NM 88: her (Please exp		<u></u>			
New Well		Change in	Transporter of:		(i iozo esp					
Recompletion	Oil				Effecti	ive 11/1	/91			
Change in Operator	Casinghea	d Gas 👿	Condensate [,, ,,			
If change of operator give name and address of previous operator					·					
•						- 1,5	·			
II. DESCRIPTION OF WELL		<u> </u>								
Lease Name	luding Formation			nd of Lease Lease No. 122. Federal of Fek NM-7951						
Glenn-Ryan Location		18	South L	oenard Que	een	Sale	, receist obthes	MPI	7931	
Unit LetterK	_ :1	980	Feet From The	South Li	ne and19	80 F	eet From The <u>W</u>	est	Line	
Section 14 Townshi	ip 26	is	Range	37E , N	MPM, Lea	<u> </u>			County	
III DECICALATION OF TO AN	icnonari	D 0E 01	Y 4370 3146							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens			u address to	high com	laam afab!- d	2- 4- 1		
Scurlock Permian Corp		Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casin	Address (Gi	P. O. Box 1183, Houston, TX 77251-1183 Address (Give address to which approved copy of this form is to be sent)								
Sid Richardson Carbon	lst Cit	1st City Bank Tower, 201 Main St, FtWorth TX								
If well produces oil or liquids,		y connected?	When		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T CH IX				
give location of tanks.			26S 37E	Ye	8		4/12	/78		
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or p	ool, give comm	ingling order num	ber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back San	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth					
Perforations	I				Depth Casing Shoe					
	77	IRING (TASING AN	D CEMENTI	IC PECOD]			
HOLE SIZE		ING & TUE		D CEMENTI	DEPTH SET	υ	540	/C OF 1/5		
	THOSE OFFE OAGING & FORING SIZE				DEFINSE			SACKS CEMENT		
'. TEST DATA AND REQUES							· · · · · · · · · · · · · · · · · · ·		*	
OIL WELL (Test must be after re			load oil and mi	ist be equal to or	exceed top allo	wable for this	depth or be for fu	ll 24 hour.	s.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Press	ure		Casing Pressu	Casing Pressure			Choke Size		
actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Water - Bbls.			Gas- MCF		
GAS WELL							· · · · · · · · · · · · · · · · · · ·	·		
ctual Prod. Test - MCF/D					Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Press	are (Shut-in)	Casing Pressur	Casing Pressure (Shut-in)			Choke Size		
T ODED AMOD CONTRACT				-	FIR (1-3)					
I. OPERATOR CERTIFICA I hereby certify that the rules and regulat Division have been complied with and the	tions of the Oi	il Conservati	ion	C	IL CON	SERVA	TION DIV	'ISIOI	N	
is true and complete to the best of my kn	iomieage and i	pellel.		Date	Approved					
Donne Joke				By	Orig. Signed by					
Signature Donna Holler		Agen	t	₩ БУ	Geolog					
Printed Name			tile	THE		e.				
10-31-91	505	-393-2	727	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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.