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Appropriate District Office
DISTRICT |
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

VDD 30 1003

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe New Mexico 87504-2088

57953

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0			•	viexico 8/3						
	REQ				BLE AND			I			
I. Operator		TO TRA	ANSF	PORTO	IL AND NA	ATURAL C					
•						Well API No.					
United Gas Search, In Address	30-025-25983										
c/o Oil Reports & Gas	s Servic	res In	c	Boy 75	5 Hobbs	NIM DO	241				
Reason(s) for Filing (Check proper box,)	,00, 1III	<u>.,</u>	DOX 73.	O O	her (Please exp	dain)				
New Well		Change in	Transp	porter of:		(0.10-20-20-4					
Recompletion	Oil		Dry C	ias 🗆		Effect	ive 11/	1/91			
Change in Operator	Casinghe	ad Gas \chi	Conde	ensate 🔲				-/ 31			
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELI	ANDIE	'A CIC					1				
Lease Name	Well No. Pool Name, Inclu				dina Econolica		1 55				
Glenn-Ryan		7			enard Que			i of Lease I, Federal on Free	1	ease No.	
Location		_ 	1 20	uc., 200	Silutu gut	.011			NM-	7951	
Unit LetterA	:	660	. Feet F	rom The _	North Li	se and3	30	Feet From The	East	Line	
Section 14 Towns	hip 2	6s ,	Range	37E	, N	MPM, Lea	<u> </u>			County	
III. DESIGNATION OF TRA	NSPORTF	ER OF O	IL AN	D NATI	IRAI. GAS						
Name of Authorized Transporter of Oil	X	or Conden			Address (Gi	e address to w	hich approve	d copy of this forn	is to he a	ent)	
Scurlock Permian Corp					ox 1183.	Housto	a. TX 77251-1183				
Name of Authorized Transporter of Casi	Gas	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	y Bank T	ower, 2	01 Main St	,FtWo:	rth TX	
If well produces oil or liquids, give location of tanks.	Unit	J 14 26S 37E			Is gas actually connected? When						
f this production is commingled with that V. COMPLETION DATA	I from any oth	ref lease or b	000l, gi)		ling order num	ber: Eff वस्तर	12				
		Oil Well		Gas Well	New Well		V	1 5 5 15		· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completion	- (X)	1	i Ì		i www.wear	 Morroset	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.		4	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					700 09/000						
Lievaudus (Dr, NAB, RI, GR, 816.)	Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations			,	····	<u> </u>			Depth Casing Si	100		
								Sopar Casing Si	N-6		
	T	UBING, (CASI	NG AND	CEMENTI	NG RECOR	D	J			
HOLE SIZE	CAS	SING & TUE	BING S	SIZE	DEPTH SET			SACKS CEMENT			
											
· · · · · · · · · · · · · · · · · · ·											
	 	· 		· · · · · · · · · · · · · · · · · · ·							
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	·							
IL WELL (Test must be after t				il and must	be equal to or	exceed top allo	wahle for thi	e denth or he for fi	<i>ill 24</i> hour	- 1	
Pate First New Oil Run To Tank	-	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
anoth of Tart	<u> </u>					***					
ength of Test	sure			Casing Pressur	Casing Pressure			Choke Size			
ctual Prod. During Test Oil - Bbls.					Water - Bbla.	· · · · · · · · · · · · · · · · · · ·	·				
	Oil - Bois.				Water - Boil.			Gas- MCF			
GAS WELL	J							<u></u>			
ctual Prod. Test - MCF/D	Length of Te	esi			Bhis Condere	1eAMMC =		[0-0		·	
arrangus vs. s vot.					Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC.	ATE OF	COMPI	JAN	CE		· · · · · · · · · · · · · · · · · · ·	·	L			
I hereby certify that the rules and regula	ations of the O	il Conservat	tion	- -	0	IL CON	SERVA	ATION DIV	/ISIOI	٧	
Division have been complied with and t	that the inform	nation given	above	1		_ · ·				•	
is true and complete to the best of my k	nowledge and	belief.		ł	Date	Approved	1	IEC 03	1991		
11 11											
Signatura Delles					Paul Kautz						
Signature Donna Holler		Agen	it	ŀ	Dy		Geologis	W /			
Printed Name			itle		Title		<u></u>	<i>™£</i>			
10-31-91	505	5-393-2			EQ 22 -	DECO	211	INI Y	., ,,		
Date		Telepho	one No.	. <u> </u>		8 P P P P	2 de 100	Y S VI Bup 1	., .,		

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.

RECEIVED
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