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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
John Yuronka
Address
120-C Central Building, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
PLARED AFTER 9/11/72
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**
If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Gulf Rilla** Well No. **1** Pool Name, Including Formation **Langlie Mattix** Kind of Lease **Fee** Lease No. _____
Location
Unit Letter **I** ; **1980** Feet From The **South** Line and **660** Feet From The **East**
Line of Section **17** Township **24-S** Range **37-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Scurlock Oil Company Address (Give address to which approved copy of this form is to be sent)
1216 Vaughn Bldg., Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
600 Bldg. of the Southwest, Midland, Texas
If well produces oil or liquids, give location of tanks. Unit **I** Sec. **17** Twp. **24S** Rge. **37E** Is gas actually connected? **No** When **Approx. 20 Days**

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'tv. ☐ Diff. Res'tv. ☐
Date Spudded **6-8-72** Date Compl. Ready to Prod. **6-22-72** Total Depth **3640'** P.B.T.D. **3603'**
Elevations (DF, RKB, RT, GR, etc.) **3261' DF** Name of Producing Formation **Seven Rivers & Queen** Top Oil/Gas Pay **3330'** Tubing Depth **3565'**
Perforations **3330' to 3526'** Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
11" **8-5/8"** **357'** **225**
7-7/8" **4-1/2"** **3640'** **375**
2" **3565'**

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 Tanks **6-22-72** Date of Test **7-18-72** Producing Method (Flow, pump, gas lift, etc.) **Pumping**
Length of Test **24** Tubing Pressure **-** Casing Pressure **-** Choke Size **2"**
Actual Prod. During Test **90.2** Oil-Bbls. **54.2** Water-Bbls. **36** Gas-MCF **87.1**

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. 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 above is true and complete to the best of my knowledge and belief.
John Yuronka
(Signature)
Authorized Agent
(Title)
7-20-72
(Date)

OIL CONSERVATION COMMISSION
APPROVED **JUL 24 1972**, 19_____
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT I**
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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JUL 2 1972

OIL CONSERVATION COMM.
HDDC, H. H.