SANTA FE

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

FILE	KEQUES	I FUR ALLOWABLE	Supersedes and C-104 and C-	
U.S.G.S.		AND	Effective 1-1-65	
	AUTHORIZATION TO T	RANSPORT OIL AND NATUR	AL GAS	
L ND OFFICE			THE GAS	
TRANSPORTER OIL				
GAS				
O ERATOR			•	
				
PRORATION OFFICE				
Operator	· · · · · · · · · · · · · · · · · · ·			
John Yuron	വ്യ			
A dress	AAN CALL			
702 Pot-no	low Dide Novi in the	Clores.		
Reason(s) for filing (Check proper b	leum Bldg Midland, Tex			
	ox)	Other (Please explain,		
New Well	Change in Transporter of:			
Recompletion	Oil Dry (Gas		
Change in Ownership		lensate		
	Coma	iensdie []		
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND	DIFASE		•	
Lease Name	Well No. Pool Name, Including	Formation		
Thomas	/ _ I _	1	Ledse No.	
	2 Langlie Matt	ALA SIGER	ederotor Fee	
Location				
15-4-1-4-5 K 7C	190 0 11			
Onit Letter 12 ; 127	PSO Feet From The South L	ine and 2310 Feet F	rom The <u>West</u>	
Line of Section 17 T	ownship 24 S Range 3	7 E , NMPM,	LeaCounty	
			County	
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL G	AC		
Name of Authorized Transporter of O	or Condensate	A.S.		
		Address (Give address to which a	pproved copy of this form is to be sent;	
SCURLOCK OIL	COPANY	11216 Vaughn Bldg -	Midland Torrag 70701	
Name of Authorized Transporter of C	asinghead Gas 🗓 or Dry Gas 🗔	Address (Give address to which a	Midland, Texas 79701 pproved copy of this form is to be sent;	
TT DAGO NAMITO	AL GAS COMPANY	· ·		
		00 Bldg. of the Son	thwest = Midland, Tx 79701	
If well produces oil or liquidk,	Unit Sec. Twp. Ege.	is gas actually connected?	When	
give location of tanks.	K 17 24 S 37 E	Yes	<u>}</u>	
If this production is commingled w				
COMPLETION DATA	rith that from any other lease or pool,	give commingling order number:	<u>·</u>	
COMPLETION DATA	100 11 11 10			
Designate Type of Complet	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same itesty. Diff. Resty.	
Designate Type of Complet.	1011 = (A) X	X :		
Date Spudded	Date Compl. Ready to Prod.	Total Ceptin	P.B.T.D.	
10/3/77	10/29/77		·	
		37001	31 <u>8</u> 1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top CH/Gas Pay	Tubing Depth	
32011 DF	7 Rivers & Queen	34651		
Perforations	1: 2027 02 B CC 600 COIT	1 34.73	3/.3/.1	
	•		Depth Casing Shore	
<u> 34/51 - 35571</u>			37001	
	TUBING, CASING, AN	D CHMENTER BECORD		
HOLE SIZE	CASING & TUBING SIZE	DCPTH SET	0.000	
12"	· · · · · · · · · · · · · · · · · · ·		SACKS CURLING	
	8-5/8"	12001		
<u>7-7/8"</u>	4-1/2"	37001	350 Sxs	
	211	3/.3/.1		
		·		
TELEM DAMA AND DESCRIPTION F				
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter receives of cotal volume of load	oil and must be equal to as seemed top allow-	
OIL WELL		opth or be for fact 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	
10/29/77	11/19/77	Damas na		
Length of Test	Tubing Pressure	Pumping Cashe, Propage	Choke Size	
a				
2' Hours			2"	
Actual Prod. During Test	Oil-Bbis.	Water-Bols.	Gas-MCF	
△7 .2 9	29.29	38.00	35	
· · · · · · · · · · · · · · · · · · ·				
CAC WITH *				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensat	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chala Co	
· · · · · · · · · · · · · · · · · · ·	. asing . issue (Bittle-In)	Cusing Pressure (Bilde-11)	Choke Size	
	1			
CERTIFICATE OF COMPLIAN	CE	AOIL CONSED	VATION COMMISSION	
The state of the s	- -	UIE CONSER	VALION COMMISSION	
•		1/_/_ 120010 1		
hereby certify that the rules and	hereby certify that the rules and regulations of the Oil Conservation		APPROVED	
ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		La L		
loove is true and complete to the	post of my knowledge and belief.	34 July	March	
		V/ LEST		
^		PITLE COM		
// 0 / 0	n · · · / J	Y		
(lake like and lake		This form is to be filed	in compliance with RULE 1104.	
(Stenature) John Yuronka		If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation		
				Authorized Agent
(Title)		All sections of this form	must be filled out complements for allow-	
4,	i '	able a new oud recompleted	wells.	
Nov. 22,	1.977	Fill out only Sections I	, II. III, and VI for change, of owner,	
	tel .	well name or number, or transc	orter or other such change of condition.	
(Da	(Date)		well name or number, or transporter, or other such change of condition.	