NO. OF COPIES REC	EIVED	_i –	
DISTRIBUTI	1	T	
SANTA FE			!
FILE		1	
U.S.G.S.			
L ND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

III.

	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C								
	U.S.G.S.	AUTHORIZATION TO T	AND TRANSPORT OIL AND NATURAL GAS										
	TRANSPORTER GAS												
	OPERATOR												
I.	PRORATION OFFICE	·											
	John Yuronka												
	102 Petroleum Blo Reason(s) for filing (Check proper b	dg., Midland, Texas	79701 Other (Plea	se explaint									
	New Well X	•	Gas	or capitally									
	If change of ownership give name		densate										
	and address of previous owner												
•	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including	Formation	Kind of Lease									
	Harrison Location	3 Langlie Mat Seven River	tix	SANAX NAME OF Fee	Lease No.								
	Unit Letter L; 1	650 Feet From The South	Line and <u>330</u>	Feet From The We	st								
L	Line of Section 29 T	ownship 24-S Range 3	37-E , NMP	^d , Lea	County								
II. 1	DESIGNATION OF TRANSPOL Name of Authorized Transporter of O	RTER OF OIL AND NATURAL 6	AS										
1	Scurlock Oil Comp.		1216 Vauchn	to which approved copy of	of this form is to be sent)								
r	Name of Authorized Transporter of C	asinghead Gas X or Dry Gas	Address (Give address	to which approved copy of	nd, TX 79701 of this form is to be sent)								
-	El Paso Natural G	Unit Sec. Twp. Ege.	500 Bldg. of	the SW, Mid	land, TX 79701								
_	give location of tanks.	M 29 24S 37E			4-79								
٧. <u>۲</u>	COMPLETION DATA	ith that from any other lease or pool	, give commingling orde	r number:									
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover	Deepen Plug Ba	ack Same Res'v. Diff. Res'v.								
	Pate Spudded 8-23-79	Date Compl. Ready to Prod. 9-19-79	Total Depth 3670	P.B.T.D	-•								
E	3263 DF	Name of Producing Formation 7 Rivers - Queen	Top Cii/Gas Pay 3410'	Tubing I									
7	3410' - 3510'				3400 Casing Shoe								
\vdash			D CEMENTING RECOR		3660 '								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT								
\perp	12"	8-5/8"	420'		350 sxs.								
-	7-7/8''	4-1/2"	3670'		700 sxs.								
			3400'										
0	EST DATA AND REQUEST F IL WELL	OR ALLOWABLE (Test must be a able for this de	after recausely of total volumenth or he for full 24 hours,	ne of load oil and must be	e equal to or creed top allow-								
	ate First New Oil Run To Tanks 10-4-79	Date of Test	Producing Method (Flow	, pump, gas lift, etc.)									
L	ength of Test	10-27-79 Tubing Pressure	Pumping Casin, Prossure	Choke St	7.0								
_	24 hrs.			CHORE SE	-								
^	ctual Prod. During Test 23.24	011-Выв.	Water Bbis.	Gds - MCI	361.6								
G.	AS WELL		9.13		301.0								
_	ctual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity o	of Condensate								
T	esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Choke Siz	Z•								
CE	ERTIFICATE OF COMPLIANC	CE	OIL C	ONSERVATION CO									
I h	ereby certify that the rules and re	egulations of the Oil Consequation	APPROVED 2	UV -1 1979	10								
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.		BY Jan W. Rungas											
			TITLE G	ologia									
John June (Similare) Authorized, Agent (Title)			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.										
								October	Fill out only Sections I. H. III. and VI for changes of owner.				
							(Date)			well name or number, or transporter, or other such change of condition.			

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.