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SANTA FE	†	
FILE	<u> </u>	
U.S.G.S.		
L ND OFFICE		1
TRANSPORTER	OIL	
	GAS	
G-ERATOR		
PRORATION OFFICE		
Operator John Yuron		

DISTRIBUTION				
SANTA FE	NEW MEXICO OI	L CONSERVATION COMMISSION	_	
FILE	REQUE	REDIECT COD ALLOWARE -		
U.S.G.S.	 	AND	Supersedes Old C-104 and (Effective 1-1-65	
L ND OFFICE	AUTHORIZATION TO T	TRANSPORT OIL AND NATUR	AL CAS	
	+	THE AND MATOR	AL GAS	
TANSPORTER	 			
GAS GAS	 			
PRORATION OFFICE				
Operator				
John Yuronka				
A dress				
102 Petroleum Bl	lg., Midland, Texas			
Regental to Clinical	es, ridiand, lexas	79701		
Reason(s) for filing (Check proper		Other (Please explain)		
New Well	Change in Transporter of:	the (thouse explain)		
Recompletion	Oil Dry	Gas		
Change in Ownership	Casinghead Gas Con-	densate		
If ohears of				
If change of ownership give name and address of previous owner _	e			
and the provided owner				
II. DESCRIPTION OF WELL AN	IN TEACE			
Lease Name	Well No. Pool Name Include			
Harrison "A"	Well No. Pool Name, Including	7" Rivers & Kind of L	Lease No	
Location	2 Langlie Mat	tix Queen state, rel	derdror Tee Fee	
, F 2				
Unit Letter F; 2	310 Feet From The North	ine and 1650	om TheWest	
0.0		I det l'i	om theWest	
Line of Section 29	Township 24-S Range	37-E , NMPM, I.e.	-	
Y DEGREE A			County	
Name of Authorized Transporter of	RTER OF OIL AND NATURAL G	AS		
i i i i i i i i i i i i i i i i i i i	of Condensate	Address (Give address to which ap	proved copy of this form in to be sent)	
Scurlock Oil Comp.	anv	1016 W-1 D11	proceed copy of this form is to be sent)	
Name of Authorized Transporter of	Casinahead Cas C	Address (Give address to which an	Midland TX 79701	
El Paso Natural Ga	as Company	600 Bldg of the	CLI M. 17	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	oco Bidg. of the	SW, Midland, TX 7970]	
give location of tanks.	F 29 24S 37E		When	
		100		
If this production is commingled	with that from any other lease or pool	give commingling order number		
COMPLETION DATA				
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Hesty, Diff. Resty	
		X	Same Mas.v. Dill. Res.v	
Date Spudded 10-4-79	Date Compl. Ready to Prod.	Total Depth.	P.B.T.D.	
	10-30-79	3660'	3490'	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top CalyGos Pay		
3292 DF	7 Rivers & Queen	3400'	Tubing Depth	
Perforations			3345	
3400' - 34	80'		Depth Casing Shop	
	WILDLING CO.		3660 '	
HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD		
12"	CASING & TUBING SIZE	DEPTH SET	SACKS CHILLIET	
	8-5/8"	421		
7 - 7/8''	4-1/2"	3660	350_sxs	
	211		650 sxs.	
		3345		
TEST DATA AND REQUEST 1	WID AT YOU AREA.	discussion of the second of th		
OIL WELL	TON ADDUMABLE (Text must be o	fter received of rotal values of land of	il and must be equal to a consistent allow	
Date First New Oil Run To Tanks	Date of Test	The state of the state of		
		Producing Method (Flow, pump, gas	lift, etc.)	
Length of Test	m. U			
	Tubing Pressure	Cosin; Pressure	Choke Size	
Actual Devil D				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	1			
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		
92.1	04.1	Doing Counsayage NWCL	Gravity of Condennat:	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)			
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CEDE		75 <i>#</i>	2"	
CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION	
		OIL CONSERVA	ATION COMMISSION	
I hereby certify that the rules and	regulations of the Oil Con-	APPROVED 11-61	. 华 1979 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. APPROVED APPROVED APPROVED TITLE SUPERVISOR DISTRICT			, 19	
		With the		
			R DISTRICT &	
A -		TITLE BOTTLEVINO		
\wedge \wedge \wedge \wedge	0	111/2		
John Uu	ronka	This form is to be filed in	compliance with RUL 2 1104.	

John Vuronka	
Authorized Agent	
(Tille) December 11, 1979	

(Date)

well, this form must be accompanied by a tabulation of the eviation 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.