Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Depara

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

58700

I.	REQUEST F	FOR ALLOW	ABLE AND AUTHOR	IZATION	, 5	8700	
Operator Carr Well Servi		Well API No. 3D-025-27449					
Address C/O George O'Br	ien. Rox 1717	Midland	TV 70700		30 0 0 23	- 2 14 49	
reason(s) for rining (Check proper box	:)	, midiand,		,			
New Well Recompletion	Change i	in Transporter of:	Other (Please exp	lain)			
Change in Operator X	Casinghead Gas	Dry Gas	1				
If change of operator give name and address of previous operator			N. Big Spring, S	uite 10	9. Midlan	d, Texas 797	
II. DESCRIPTION OF WELL						u, ickas / j/	
Lease Name Terra Federal	Well No.	Pool Name, Inch	uding Formation Insil Yates-SR	King	d of Lease	Lease No.	
Location		Journal To	morr races-sk	/State	Federal XXXXX	LC-063261	
Unit LetterN	:990	Feet From The	South Line and23	10	Feet From The	West Line	
Section 22 Towns	hip 25S	Range 37E	, NMPM,		Lea	County	
III. DESIGNATION OF TRAI	NSPORTER OF O	IL AND NATI	URAL GAS		÷		
Name of Authorized Transporter of Oil Scurlock Permian	vivezo or Conider	isate	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648, Houston, Texas 77210-4648				
Name of Authorized Transporter of Casin	nghead Gas	or Dry Gas					
E1 Paso Natural If well produces oil or liquids,	Unit Sec.	Twp. Ree	son				
give location of tanks.		i i i	,	Wher	n ?		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	gling order number:				
	LOU WAIL	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Ready to	Pool	i i		I lug Dack 5a	me kes v Dill kes v	
	Date Compi. Ready to	гтоа.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations			Top Oil/Gas Pay		Tubing Depth		
				· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe		
	TUBING.	CASING AND	CEMENTING RECORI				
HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES	ST FOR ALLOWA	RIF					
OIL WELL (Test must be after r			be equal to or exceed top allow	vable for this	s depth or be for f	ull 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pur	ιρ, gas lift, e	tc.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Cond	ensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC	ATE OF COMPI	LIANCE			I		
I hereby certify that the rules and regula Division have been complied with and t	ations of the Oil Conserva	ition	OIL CONS	SERVA		_	
is true and complete to the best of my k	nowledge and belief.	above	Date Approved		NOV 21	. 1991	
Slott 11/4/9	~		By ORIGINAL	Signed D	Y JURRY SEX	TON	
Signature/ GEONGE MONTGSTIE	By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name	915-352-	<u>HAN</u> Fille 4324	Title			en.	
Date	Telepi	none No.	FOR RECO	RD (ONLY	APR 30 '99'	

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.

Submit 5 Copies
Appropriate instrict Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Depart.

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OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

I.	REQUEST F		ABLE AND AUTHOR				
Operator Carr Well Service		API No. D : D25 - 2744 9					
Address					D-025-	<u> 144</u>	<u> </u>
C/O George O'Bri Reason(s) for Filing (Check proper box)	en, Box 1717,	Midland,	TX 79702 Other (Please exp	\			
New Well		n Transporter of:	Other (Please ex)	piain)			
Recompletion X	Oil Casinghead Gas	Dry Gas Condensate					
If change of operator give name			N. Big Spring, S	Suite 109	9. Midland	Tevas	79705
II. DESCRIPTION OF WELI Lease Name Terra Federal	Well No.	Pool Name, Inclu Jalmat Ta	nding Formation .nsil Yates-SR		of Lease Federal or Fee	Lease LC-0632	
Location				,	1000181-07-760-	120 00 32	
Unit LetterN	:990 :	Feet From The	South 23	310 Fe	et From The	West	Line
Section 22 Townsh	nip 25S	Range 37E	, NMPM,		Lea		County
III. DESIGNATION OF TRAI	NSPODTED OF O	II AND NATI	IIDAI CAS				
Name of Authorized Transporter of Oil	or Conden		Address (Give address to w	hich approved	copy of this form	is to be sent)	
Scurlock Permian Name of Authorized Transporter of Casir		~~~~~~~ ~~	P. O. Box 4648				648 ———
El Paso Natural	Gas Sid Ric	or Dry Gas D	\ '	inich approved	copy of this form	is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge		When	?		
f this production is commingled with that V. COMPLETION DATA	from any other lease or	pool, give comming	gling order number:				
Designate Type of Completion	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Di	ff Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		ormation	Top Oil/Gas Pay	Tubing Depth			
Perforations					Depth Casing Shoe		
							_
HOLE SIZE	TUBING, CASING & TU		CEMENTING RECOR		SAC	CKS CEMENT	
TIOLE SIZE	CASING & 10	DING SIZE	DET THISE I		OHORO GEMENT		
				·····			
I. TEST DATA AND REQUES OIL WELL (Test must be after t			t he second to on average top all-	awahla far this	denth or he for t	Sill 24 hours	
Date First New Oil Run To Tank	Date of Test	ij ioda ou ana musi	Producing Method (Flow, page 1)			uii 24 710iu 3.)	
ength of Test	T. I D.		Casing Pressure		Choke Size		
zengui or resi	Tubing Pressure	Tubing Pressure		Casing Flessure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-	in)	Casing Pressure (Shut-in)		Choke Size		
I. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the Oil Conserv	ation .	OIL CON	NSERV <i>A</i>	ATION DI	VISION	
is true and complete to the best of my		u dUUYC	Date Approve	d		, add	
Here May	~				- V 10381947	n e yeski	
Signature Many 1 2 1 5	We chan	. 11 6:17	By	and about the second	AY JAYAY U	UIV	
Printed Name,	215 322-	Title U37 U	Title				 -
Date	71) - 30C - Toler	hone No					

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