

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Superseding OIL C-101 and C-
Effective 1-1-65

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12/11/84
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

Operator <u>Shuf Oil Corp.</u>	
Address <u>P.O. Box 670, Hobbs, NM 88240</u>	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	Other (Please explain) <u>New Well</u>
Change in Ownership ☐	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>C.D. McIlwain</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Langlie Mattie</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>J</u>	<u>1980</u>	Feet From The <u>South</u> Line and <u>1980</u>	Feet From The <u>East</u>	
Line of Section <u>30</u>	Township <u>24S</u>	Range <u>37E</u>	N.M.P.M. <u>Lea</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, TX 79701</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492, El Paso, TX 79999</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>30</u>
	Twp. <u>24S</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>No</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Shut Restv. ☐	Full Restv. ☐
Date Spudded <u>7-31-84</u>	Date Compl. Ready to Prod. <u>9-6-84</u>		Total Depth <u>3750'</u>		P.B.T.D. <u>3686'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3258' GL</u>	Name of Producing Formation <u>7 Rivers</u>		Top Oil/Gas Pay <u>3509'</u>		Tubing Depth <u>3456'</u>			
Perforations <u>3509'-3636'</u>					Depth Casing Shoe <u>-</u>			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14 3/4"</u>	<u>10 3/4"</u>	<u>450'</u>	<u>450</u>
<u>9 1/2"</u>	<u>7"</u>	<u>3737'</u>	<u>1900</u>

TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>9-6-84</u>	Date of Test <u>10-1-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>25#</u>	Casing Pressure <u>25#</u>	Choke Size <u>W.O.</u>
Actual Prod. During Test <u>6.5</u>	Oil - Bbls. <u>18</u>	Water - Bbls. <u>47</u>	Gas - MCF <u>45</u>

GAS WELL.

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

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.

R.D. Pite
(Signature)
AREA ENGINEER
(Title)
10-2-84
(Date)

OIL CONSERVATION COMMISSION

OCT - 3 1984

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY ORTON
DISTRICT SUPERVISOR

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 geologic tests taken on the well in accordance with RULE 111.

All portions 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.