

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

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator John Yuronka			
Address 120-C Central Building, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE TREATED AFTER 11/1/75 PERMITS OF DEVIATION TO R-4070 IS OBTAINED.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner _____			

II. DESCRIPTION OF WELL AND LEASE

Lease Name State W	Well No. 3	Pool Name, Including Formation Langlie Mattix-7 Rivers	Kind of Lease State, Federal xxxxxxx	Lease No. 10107
Location Unit Letter P ; 990 Feet From The South Line and 330 Feet From The East Line of Section 36 Township 24-S Range 36-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 1216 Vaughn Bldg., Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 600 Bldg. of the Southwest, Midland, Tx.			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 36	Twp. 24S	Rge. 36E
	Is gas actually connected?		When Est. 2-1-75	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-31-74	Date Compl. Ready to Prod. 7-1-74		Total Depth 3500'		P.B.T.D. 3358'			
Elevations (DF, RKB, RT, CR, etc.) 3256' DF	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 3254'		Tubing Depth 3322'			
Perforations 3254' - 3345'					Depth Casing Shoe 3500'			
TUBING CASING AND CEMENTING RECORD								
HOLE SIZE 12"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 368		SACKS CEMENT 275			
7-7/8"	4-1/2"		3500		350			
	2"		3322					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 7-5-74	Date of Test 11-19-74	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size 2"
Actual Prod. During Test 149.16 Bbls.	Oil-Bbls. 18.04	Water-Bbls. 131.12	Gcs-MCF 15

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

I. 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.

John Yuronka
(Signature)

Authorized Agent
(Title)

November 22, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____
Oil & Gas Insp.

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.
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.