

SA TAFE		
FILE		
U.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-111
Effective 1-1-65

Operator John Yuronka		
Address 120-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:	
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

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7/12/75
UNLESS AN EXCEPTION TO B-4870
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hodges	Well No. 1	Pool Name, including Formation Langlie Mattix	Kind of Lease XXXXXXXXX or Fee	Lease No.
Location				
Unit Letter 0	660 Feet From The South	Line and 1980	Feet From The East	
Line of Section 8	Township 24-S	Range 37-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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	600 Bldg. of the SW, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	8	24S	37E	NO	60 days

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

IV. 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 4-16-75	Date Compl. Ready to Prod. 5-12-75		Total Depth 3700'		P.B.T.D. 3653'			
Elevations (DF, RKB, RT, GR, etc.) 3295' DF	Name of Producing Formation 7 Rivers & Queen		Top Oil/Gas Pay 3351'		Tubing Depth 3361'			
Perforations 3351' - 3546'					Depth Casing Shoe 3700'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		440'		275			
7-7/8"	4-1/2"		3700'		400			
	2"		3361'					

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)

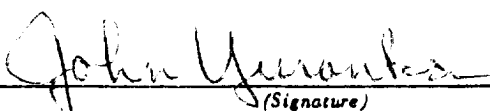
Date First New Oil Run To Tanks 5-12-75	Date of Test 5-14-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 140#	Casing Pressure 280#	Choke Size 32/64"
Actual Prod. During Test 43.80 Bbls.	Oil - Bbls. 32.92 Bbls.	Water - Bbls. 10.88 Bbls.	Gas - MCF 748 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.



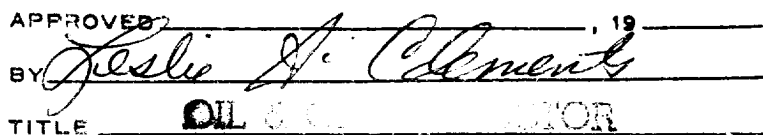
Authorized Agent

(Title)

May 19, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE **OIL & GAS** **MANAGER**

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.