POLTHBUTTON NEW MEXICO OIL CONSERVATION COMMISSION TAFE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11(E Effective 1-1-65 AND .G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 10 OFFICE OIL TRANSPORTER GAS **OPERATOR** PRORATION OFFICE Operator John Yuronka Address 120-C Central Building, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) New Well \mathbf{x} Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Langlie Mattix - Queen Location Unit Letter P Feet From The South Line and East Feet From The Township <u>24-</u>S Range 37-E , NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pineline Company P. O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas El Paso Natural Gas Company 600 Bldg. of the Southwest, Midland, Texas 7970: Unit Sec. Twp. If well produces oil or liquids, give location of tanks. Rge. is gas actually connected? When 0 8 **24S** 37E Yes If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well Workover Deepen Designate Type of Completion - (X) Plug Back Same Res'v. Diff. Res'v. X X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 9-30-75 10-24-75 Elevations (DF, RKB, RT, GR, etc.) 36701 <u> 36031</u> Name of Producing Formation Top Oli/Gas Pay Tubing 3277' DF Queen 33601 Depth Casing Shoe Perforations 3340' - 3517' 36701 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12-1/1" 9_5/8" 1.1.31 275 7-7/8" 1-1/2" 36701 400 2" 35251 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 allow-able for this depth or be for full 24 hours) OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
10-24-75	10-29-75	Flowing		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
21 hours	90#	185#	7 /2"	
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF	
30.46	26.31	4.15	21.1.	1

GAS WELL

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

(Title)

John	Yuruka_	
1	Signature)	
Authorized	Agent	

October 30, 1975

(Date)

OIL CONSERVATION COMMISSION

Lease No.

County

APPROVED 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.