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TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
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

I.

Operator: **Amerada Petroleum Corporation**

Address: **P. O. Box 680 - Hobbs, New Mexico**

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of: **To change gas transporter**  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State BT "C" Con</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Bagley Lower Perm. Gas</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-3189</b>
Location: Unit Letter <b>P</b> Section <b>33</b> Feet From The <b>South</b> Line and <b>60</b> Feet From The <b>East</b> Line of Section <b>33</b> Township <b>1-S</b> Range <b>33</b> N.M.P.M. <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Service Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 337 - Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Warren Petroleum Corporation Amerada Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1509 - Tulsa, Oklahoma 74102 P. O. Box 2040 - Tulsa, Oklahoma 74102</b>
If well produces oil or liquids, give location of tanks. Unit <b>P</b> Sec. <b>33</b> Twp. <b>1-S</b> Rge. <b>33</b>	Is gas actually connected? <b>Yes</b> When <b>1954</b>

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) <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reservoir <input type="checkbox"/> Diff. Reservoir																
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____																
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____																
Perforations _____ Depth Casing Shoe _____																
<b>TUBING, CASING, AND CEMENTING RECORD</b>																
<table border="1"> <tr> <th>HOLE SIZE</th> <th>CASING &amp; TUBING SIZE</th> <th>DEPTH SET</th> <th>SACKS CEMENT</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT												
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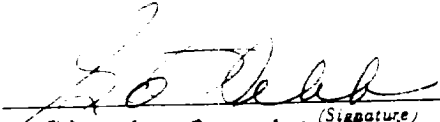
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 _____ Date of Test _____	Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Tubing Pressure _____	Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____	Water - Bbls. _____ Gas - MCF _____
<b>GAS WELL</b>	
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 _____

VI. 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.

  
 District Superintendent  
 February 11, 1964  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_  
 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.