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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

I. Operator **H. C. HOOD**

Address **c/o Geo. Kingree, Box 291, Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name WARREN STATE 23	Well No. 2	Pool Name, Including Formation UNDESIGNATED	Kind of Lease State, Federal or Fee State	Lease No. K-5134
Location				
Unit Letter K	1980	Feet From The SOUTH	Line and 1830	Feet From The WEST
Line of Section 23	Township 10-S	Range 33-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"/> SERVICE PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) 3411 KNOXVILLE AVE., LUBBOCK, TEXAS 79413			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CORPORATION	Address (Give address to which approved copy of this form is to be sent) BOX 1589, TULSA, OKLAHOMA, 74102			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 23	Twp. 10-S	Rge. 33-E
Is gas actually connected?		When		
No		Unknown		

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 August 25, 1967	Date Compl. Ready to Prod. October 4, 1967		Total Depth 9831		P.B.T.D. -			
Elevations (DF, RKB, RT, GR, etc.) 4218' DF	Name of Producing Formation BOUGH "C"		Top Oil/Gas Pay 9768'		Tubing Depth 9785'			
Perforations 9780, 9783, 9786' - 2 shots each					Depth Casing Shoe 9831'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		360		350			
11	8 5/8		3981		350			
7 7/8	5 1/2		9831		300			
	2" FUE		9785					

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)

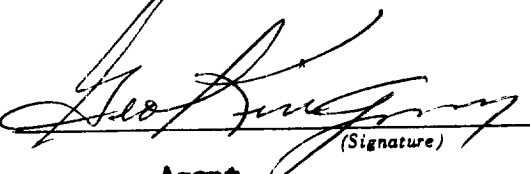
Date First New Oil Run To Tanks October 3, 1967	Date of Test October 9, 1967	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 200 f's	Casing Pressure Pkr.	Choke Size 28/64th
Actual Prod. During Test 616	Oil-Bbls. 493	Water-Bbls. 123	Gas-MCF 542,300

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

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.


Agent
(Title)
October 11, 1967
(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.