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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-1
Effective 1-1-65

Operator PETROLEUM PRODUCTION MANAGEMENT, INC.

Address P. O. Box 11320 Kansas City, Missouri 64112

Reason(s) for filing (Check proper box) Change in Transporter of: Other (Please explain) Change of operator name

New Well Oil Dry Gas

Recompletion Oil Condensate

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner The Maurice L. Brown Company
P. O. Box 11320, Kansas City, Missouri 64112

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>State "8"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Vada Penn</u>	Kind of Lease <u>State, Federal or Fee</u>	State <u>State</u>	Lease No. <u>K-3430</u>
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>					
Line of Section <u>8</u> Township <u>10S</u> Range <u>34E</u> , NMPM, <u>Lea</u> 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"/> <u>Amoco Production Company Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 591, Tulsa, OK 74102</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589, Tulsa, OK 74100</u>
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>8</u> Twp. <u>10S</u> Rge. <u>34E</u>
	Is gas actually connected? <u>Yes</u> When

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 checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
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			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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

GAS WELL

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

PETROLEUM PRODUCTION MANAGEMENT, INC.

Nancy Elger
(Signature)
Land Department
(Title)
8-20-87
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 21 1987, 19

BY Eddie W. Seay
Oil & Gas Inspector

TITLE _____

This form is to be filed in compliance with RULE 1102.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner well name or number, or transporter or other such change of conditions. Form C-104 must be filed for each pool in multi-