

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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-11  
Effective 1-1-65

**I. OPERATOR**  
Operator: Delaware-Apache Corporation  
Address: 1720 Wilco Building Midland, TNxas 79701

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

**WARNING: CASINGHEAD GAS MUST NOT BE FLARED AFTER 8/15/71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Willis</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Vada Penn</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <b>I</b> ; <b>660</b> Feet From The <b>East</b> Line and <b>1980</b> Feet From The <b>South</b> Line of Section <b>4</b> Township <b>9S</b> Range <b>34E</b> , NMPM, <b>Lea</b> 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"/> <b>Mobil</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 900, Dallas, Texas 75221</b>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Pet. Corp</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589, Tulsa, Oklahoma</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>H</b>	Sec. <b>4</b>	Twp. <b>9S</b>	Rge. <b>34</b>	Is gas actually connected? When <b>No</b> <b>Approx. 2 weeks</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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>5-7-71</b>	Date Compl. Ready to Prod. <b>6-10-71</b>		Total Depth <b>9680</b>		P.B.T.D. <b>9654</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>Gr 4267</b>	Name of Producing Formation <b>Bough "C"</b>		Top Oil/Gas Pay <b>9628</b>		Tubing Depth <b>9540</b>			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15</b>	<b>11-3/4</b>		<b>414</b>		<b>400 sks</b>			
<b>11</b>	<b>8-5/8</b>		<b>3955</b>		<b>375 sks</b>			
<b>7-7/8</b>	<b>5-1/2</b>		<b>9680</b>		<b>400 sks</b>			
	<b>2-3/8</b>		<b>9540</b>					

**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 <b>6-15-71</b>	Date of Test <b>6-15-71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Hydraulic Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>2150</b>	Casing Pressure <b>50</b>	Choke Size <b>None</b>
Actual Prod. During Test <b>400 bbls</b>	Oil-Bbls. <b>400</b>	Water-Bbls. <b>650</b>	Gas-MCF <b>600</b>

**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.

*Handwritten Signature*  
Regional Engineer  
6-21-71

OIL CONSERVATION COMMISSION  
APPROVED *[Signature]*, 19 **1971**  
BY *[Signature]*  
TITLE **SUPERVISOR DISTRICT I**

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 allow-

...

17

RECEIVED

JUN 22 1971

OIL CONSERVATION COMM.  
HOUSTON, TEXAS