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 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

OCT 25 9 09 AM '65

I. OWNER
 Name: **Amerada Petroleum Corporation**
 Address: **P. O. Box 668 - Hobbs, New Mexico**
 Reason(s) for filing (Check proper box):
 New Well Change in transportation
 Deepening Other (Please explain): **To add Amerada Petroleum Corporation as purchaser of gas.**
 Change in ownership Change in lease Change in operator

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

II. DESCRIPTION OF WELL AND LEASE

Well No. F. Turner Jr. "A"	Well No. Pool Name, Including Formation 2 Skaggs	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter K Section 1987 Feet From The West Line and 1980 Feet From The South	Range 18 Township 20-S Range 38-E Section Lea		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Shell Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1598, Hobbs, New Mexico
Name of Authorized Transporter of Dry Gas Amerada Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 67, Monument, New Mexico Drawer "D", Monument, New Mexico
If well produces oil or liquids, give location of tanks: I 18 20S 38E	Is gas actually compressed? Yes

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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Perforations			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Timing Depth			
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 Prod. 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/D	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED _____, 19
 BY *[Signature]*
 TITLE _____

[Signature]
 District Superintendent

October 22, 1965
 (Date)

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 Sections I, II, III, and VI only 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.