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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

SEP 16 11 39 AM '65

Operator Pubco Petroleum Corporation	
Address P. O. Box 1419, Albuquerque, New Mexico 87103	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

SEP 22

11 20 AM '65

Lease Name Humble "CC" State Battery 2	Well No. A	Pool Name, Including Formation Inbe Pennsylvanian	Kind of Lease State, Federal or Free State
Location K 1830	South	1980	West
Unit Letter K	Feet From The K	Line and 744	Feet From The KX
Line of Section 34	Township 10S	Range 33E	NMPM, Lea County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Service Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 337, Midland, Texas					
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) P. O. Box 1589, Tulsa, Okla. 74102					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 34	Twp. 10S	Rge. 33E	Is gas actually connected? Yes	When 9-10-65

If this production is commingled with that from any other lease or pool, give commingling order number:

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 8-1-65	Date Compl. Ready to Prod. 9-9-65	Total Depth 9730	P.B.T.D. 9694					
Pool Inbe Penn.	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9656	Tubing Depth 9562					
Perforations 9656-9671	Depth Casing Shoe 9727							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10 3/4	10 3/4	1850	650 circ.					
9 7/8	7 5/8	3933	900					
6 3/4	4 1/2	9727	300					
-	2 3/8	9562	-					

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 9-9-65	Date of Test 9-10-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 250	Casing Pressure Pkr.	Choke Size 32/64
Actual Prod. During Test	Oil-Bbls. 298	Water-Bbls. 199	Gas-MCF 321

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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 SEP 24 1965 , 19
Original Signed By: CHAS. Y. JR. (Signature)	BY
Area Production Manager (Title)	TITLE
September 15, 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.