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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

JUL 23 9 46 PM '65

I. Operator
Amerada Petroleum Corporation
Address
Box 668 - Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
**NAME CHANGE
AMERADA PETROLEUM CORP.
TO AMERADA HVS CORP.
EFFECTIVE JULY 1, 1965**

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

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|----------------------|---|---|
| Lease Name J. T. Caudle | Well No. 6 | Pool Name, Including Formation Bagley - Pennsylvanian | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 3 , Township 12-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 Co., Amoco Pipeline Co. | 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 Corp. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 - Tulsa, Oklahoma | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit I | Sec. 3 | Twp. 12S | Rge. 33E | Is gas actually connected? Yes | When 7-21-65 |

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 5-26-65 | Date Compl. Ready to Prod. 7-22-65 | | Total Depth 9436' | | P.B.T.D. 9188' | | | |
| Pool Bagley | Name of Producing Formation Pennsylvanian | | Top Oil/Gas Pay 8963' | | Tubing Depth 8942' | | | |
| Perforations 9005' to 9010' & 9042' to 9064' | | | | | Depth Casing Shoe 9435' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 13-3/8" | | 323' | | 275 | | | |
| 11" | 8-5/8" | | 3815' | | 850 | | | |
| 7-7/8" | 5-1/2" Liner | | 3707' to 9435' | | 850 | | | |
| | 2-3/8" Tubing | | 8942' | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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 7-22-65 | Date of Test 7-22-65 | Producing Method (Flow, pump, gas lift, etc.) Gas Lift | |
| Length of Test 24 Hrs. | Tubing Pressure 40#-150# | Casing Pressure - | Choke Size 3/4" |
| Actual Prod. During Test | Oil - Bbls. 74 | Water - Bbls. 58 | Gas - MCF 107 |

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

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.

D.C. LaPorte
(Signature)
District Supt.
(Title)
7-23-65
(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 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.