

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 HUBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 31 11 40 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator United States Smelting Refining and Mining Company	
Address Post Office Box 1877, Midland, Texas	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bagley-State	Lease No. K-2604	Well No. 2	Pool Name, Including Formation North Bagley-Pennsylvanian R-3488	Kind of Lease State, Federal or Fee State
Location				
Unit Letter B	766	Feet From The North	Line and 1877	Feet From The East
Line of Section 16	Township 11 South	Range 33 East	, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Pan American Petroleum Corp. Trucks	P. O. Box 1725, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Company	725 Gulf Building, Midland, Texas					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16	Twp. 11S	Rge. 33E	Is gas actually connected? Yes	When January 5, 1967

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-4-66	Date Compl. Ready to Prod. 1-17-67	Total Depth 10,200			P.B.T.D. ---			
Elevations (DF, RKB, RT, GR, etc.) 4280' GR	Name of Producing Formation Penn	Top Oil/Gas Pay 10,087-10,178			Tubing Depth 10,049			
Perforations 10,087, 10,089, 10,123, 10,125, 10,127, 10,129, 10,131, 10,145, 10,149, 10,174, 10,178					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		380		350			
11	8-5/8		3800		350			
7-7/8	5-1/2		10200		500			

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 1-17-67	Date of Test 1-18-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 400	Casing Pressure Pkr.	Choke Size 18/64
Actual Prod. During Test 338.75	Oil-Bbls. 238.75	Water-Bbls. 100	Gas-MCF 370.06

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.

J. L. Davis
(Signature)
Production Clerk
(Title)
January 27, 1967
(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 only Sections I, II, III, and VI 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.