

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

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 5 1968

I. Operator
Delaware Apache Corporation
 Address
1720 Wilco Building, Midland, Texas

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner **Well name has been changed from Anderson State #1 to Midwest State #3**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Midwest State	Lease No. K 5059	Well No. 3	Pool Name, including Formation In the Permo-Pennsylvanian In the Permo Penn R-3402	Kind of Lease State, Federal or Fee State
Location				
Unit Letter E	1909	Feet From The north	Line and 791	Feet From The west
Line of Section 23	Township 10-S	Range 33-E	, NMFM, 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)			
Service Pipeline Co. Amoco Pipeline Co.	3411 Knoxville Ave., Lubbock, Texas 79413			
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 Corp.	725 Gulf Building, Midland, Texas			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 23	Twp. 10-S	Rge. 33-E
	Is gas actually connected?		When	
	yes		1-4-68	

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-13-67	Date Compl. Ready to Prod. 1-2-68	Total Depth 9830'	P.B.T.D. 9798'					
Elevations (DF, RKB, RT, GR, etc.) 4,314.7' GL	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9771'	Tubing Depth					
Perforations 9771' to 80', 9782' to 84'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8"	3935	550					
7 7/8"	5 1/2"	9830	400					
15"	11 3/4"	378	400					
	2 7/8"	9753						

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 1-2-68	Date of Test 1-4-68	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs.	Tubing Pressure 340	Casing Pressure	Choke Size 22/64"
Actual Prod. During Test 396	Oil-Bbls. 396	Water-Bbls. 94	Gas-MCF 348

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ebls. 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.

Samy C. Sham
(Signature)
Area Engineer
(Title)
January 5, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **Joe C. [Signature]**

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.