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U.S.G.S.
LAND OFFICE
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 29 7 39 AM '65

I. NAME CHANGE
Name: Amerada Petroleum Corporation
Address: P. O. Box 668 - Hobbs, New Mexico
Reasons for filing (Check proper box)
Change in Transporter oil ☐ Other (Please explain) To change name from F. Turner Jr. "A" #12 eff. 11-1-65. Ref. NMOCC Order No. R-2971
Change in Transporter oil ☐ To ☐ Dry Gas ☐
Change in Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	Warren McKee Unit	Well No.	112	Field Name, Including Formation	Warren McKee	Kind of Lease	State, Federal or Fee	Fee
Location	F 1980	North	2310'	West				
Section	18	20-S	38-E	Lea				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Transporter of Oil <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum Corporation 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 liquid, give location of bottom.	I 18 20S 38E	Is gas naturally 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	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Perforations	Depth Casing Shoe				
Pool	Name of Producing Formation	Top Oil/Gas Pay	Taking 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 Run 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	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. C. A. S. P. S.
(Signature)
District Superintendent

October 22, 1965
(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.