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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <u>1</u> GAS
OPERATOR	<u>3</u>
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

RECEIVED

JUN 1 1966

O. C. C.

ARTESIA, OFFICE

Operator American Petroleum Company of Texas	
Address P. O. Box 1311, Big Spring, Texas	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" 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 Petroleum Corporation of Texas, P. O. Box 1311, Big Spring, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Reaser Yates State</u>	Well No. <u>333</u>	Pool Name, Including Formation <u>Queen Casinghead Sec. 48</u>	Kind of Lease State, Federal or Fee <u>State</u>
Location			
Unit Letter <u>1</u>	<u>2310</u> Feet From The <u>South</u> Line and <u>1010</u> Feet From The <u>East</u>		
Line of Section <u>29</u>	Township <u>18S</u>	Range <u>18E</u>	County <u>Big Spring</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Continental Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Garner Building, Artesia, N. Mex.</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. <u>LAST UNIT</u>	Unit <u>N</u> Sec. <u>41</u> Twp. <u>18</u> Rge. <u>28</u> Is gas actually connected? <u>Yes</u> When

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		F.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
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.

David Day
(Signature) David Day

Chief Production Clerk
(Title)

May 12, 1966
(Date)

OIL CONSERVATION COMMISSION

JUN 2 1966

APPROVED _____, 19

BY M. L. Armstrong

TITLE CHIEF OF BUREAU

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.

Superseding Form C-104 must be filed for each pool in multiply