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NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN 1 1966

D. C. C.
ARTESIA OFFICE

I. Operator American Petroleum Company of Texas ✓
 Address P. O. Box 1311, Big Spring, Texas
 Reason(s) for filing (Check prop. box):
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

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 Resler Yates State ~~Patent~~ 73 764 Well No. 307 Pool Name, including Formation Queen Creeping Sandstone Kind of Lease State
 Location: Unit Letter H, 1843 Feet From The North Line and 1150 Feet From The East Line of Section 28 Township 18S Range 22E, NMPM, 8dd County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Continental Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Casper Building, Artesia, New Mexico
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
None Address (Give address to which approved copy of this form is to be sent)
 If well produces oil or liquids, give location of tanks. Unit 11, Sec. 21, Twp. 18, Range 22E, NMPM, 8dd County. Is gas actually connected? NO 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
 May 18, 1966 (Date)

OIL CONSERVATION COMMISSION
 APPROVED JUN 2 1966, 19
 BY M. L. Armstrong
 TITLE Assistant Commissioner

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 O-104 must be filed for each pool in multiply