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| TRANSPORTER | OIL | |
| | GAS | 1 |
| OPERATOR | | 2 |
| 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

CHANGE

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OK. 11-1-65

DEC 1 1965

I.

| | |
|---|---|
| Operator Monsanto Company | |
| Address 101 N. Marienfeld, 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"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> |
| | Dry Gas <input type="checkbox"/> |
| | Condensate <input type="checkbox"/> |
| Other (Please explain) <i>Correct lease name memo 2-65</i> | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|----------------------|---|---|
| Lease Name Dagger Draw "Gas Com" | Well No. 1 | Pool Name, including Formation Dagger Draw - Strawn | Kind of Lease State, Federal or Fee Federal |
| Location | | | |
| Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East | | | |
| Line of Section 6 , Township 20S Range 25E , NMPM, Eddy County | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Natural Gas Pipeline Company of America | Address (Give address to which approved copy of this form is to be sent) P. O. Box 283, Houston, Texas | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? No When Approx. 1-15-66 | |

If this production is commingled with that from any other lease or pool, give commingling order number: **PLC-24**

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|--|---|---|----------|--------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | Dual X | X | | | | | |
| Date Spudded 5-31-64 | Date Compl. Ready to Prod. 8-19-64 | Total Depth 9611 | P.B.T.D. 9330 | | | | | |
| Pool Dagger Draw - Strawn | Name of Producing Formation Strawn | Top XX Gas Pay 8688' | Tubing Depth Prod. thru 4 1/2" csg. tbg. annulus | | | | | |
| Perforations 8688-99' | | | Depth Casing Shoe 9611 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2" | 13-3/8" 48# N-40 ST&C | | 611' | | 725 | | | |
| 12 1/2" | 9-5/8" 36# J-55 ST&C | | 1210' | | 375 | | | |
| 8-3/4" | 4-1/2" 11.6# LT&C | | 9611' | | 460 | | | |

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 Deviation test have been furnished previously

| | | | |
|---|----------------------------------|--|-------------------------------------|
| Actual Prod. Test-MCF/D AP 1,925 | Length of Test 4 hrs. | Bbls. Condensate/MMCF -0- | Gravity of Condensate --- |
| Testing Method (pitot, back pr.) Back Pr. | Tubing Pressure Packer | Casing Pressure 2746-2137 psig | Choke Size 1.250 orifice |

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.

R. W. W. J. H.
(Signature)

District Production Superintendent
(Title)

December 15, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 11 1966**, 19
BY *M. L. Armstrong*
TITLE **OIL AND GAS INSPECTOR**

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 multicompleted wells.