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TRANSPORTER	OIL	
	GAS	
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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

Note: Deviation test submitted on 10-7-64 with well record

I. Operator		RECEIVED	
Monsanto Company			
Address		NOV 20 1965	
101 N. Marienfeld, Midland, Texas			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Correct lease name	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Low-State Gas coin	1	Indian Basin (Morrow)	State, XXXXXX
Location			
Unit Letter F	1995	Feet From The North	Line and 1712
		Feet From The West	
Line of Section 36	Township 21S	Range 23E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Marathon Oil Co., Operator, Indian Basin Gas Plant & Gathering System	Box 1324, Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Marathon Oil Co., Operator, Indian Basin Gas Plant & Gathering System	Box 1324, Artesia, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 36 21S 23E	No Est. December 1965

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-12-64	9-28-65	9650'	9594'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Indian Basin	Morrow	9278	9272'					
Perforations	Depth Casing Shoe							
9296-9555'	9631'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8" 48#	346'	425					
12-1/4"	9-5/8" 36#	1797.75'	1068					
7-7/8"	5-1/2"	9631'	343					

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 Date of Test: 9-28-64

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
A. P. 840 MCF/D	5 hrs.	22.9	57.1 degrees
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
B. P.	2977-740	Packer	Orifice .750 to 1.000

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.


(Signature)

District Production Superintendent

(Title)

November 24, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 26 1966, 19

BY M. L. Armstrong

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.