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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 Monsanto Company		RECEIVED NOV 29 1965
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"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) ARTESIA, NEW MEXICO <i>Correct lease name.</i>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Low-State	Well No. 1	Pool Name, including Formation Indian Basin (Upper Penn)	Kind of Lease State, MISSISSIPPI
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"/> Marathon Oil Co., Operator, Indian Basin Gas Plant & Gathering System	Address (Give address to which approved copy of this form is to be sent) Box 1324, Artesia, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Marathon Oil Co., Operator, Indian Basin Gas Plant & Gathering System	Address (Give address to which approved copy of this form is to be sent) Box 1324, Artesia, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36	Twp. 21S
		Rge. 23E	Is gas actually connected? No When 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 7-12-64	Date Compl. Ready to Prod. 9-28-65		Total Depth 9650'		P.B.T.D. 9594'			
Pool Indian Basin	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 7412		Tubing Depth 7376'			
Perforations 7520-7545'					Depth Casing Shoe 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 A. P. 7700 MCF/D	Length of Test 4 hrs.	Bbls. Condensate/MMCF 9.4	Gravity of Condensate 58.9 degrees
Testing Method (pitot, back pr.) B. P.	Tubing Pressure 2349-1840 psig	Casing Pressure Packers	Choke Size Line 3"
			Orifice 1.50

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.

OIL CONSERVATION COMMISSION

APPROVED **JAN 26 1966**, 19
BY **McClintock**
OIL AND GAS INSPECTOR
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.

A. W. Work
(Signature)

District Production Superintendent
(Title)

November 24, 1965
(Date)