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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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

Operator <b>Monsanto Company</b>		<b>RECEIVED</b>  <b>NOV 29 1966</b>  <b>ARTESIA, N.M.</b>  <i>To correct lease name</i>
Address <b>101 N. Marienfeld, Midland, Texas</b>		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Conoco State Gas Com</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Indian Basin (Upper Penn)</b>	Kind of Lease State, <b>DEED</b>
Location Unit Letter <b>F</b> ; <b>1775</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>2</b> , Township <b>22S</b> Range <b>23E</b> , NMPM, <b>Eddy</b> 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"/> <b>Marathon Oil Co., Operator, Indian Basin Gas Plant &amp; Gathering System</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1324, Artesia, New Mexico</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Marathon Oil Co., Operator, Indian Basin Gas Plant &amp; Gathering System</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1324, Artesia, New Mexico</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>2</b>	Twp. <b>22S</b>
			Rge. <b>23E</b>
			Is gas actually connected? <b>No</b>
			When <b>Est. December 1965</b>

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>8-31-65</b>	Date Compl. Ready to Prod. <b>10-4-65</b>		Total Depth <b>7808'</b>		F.R.T.D. <b>7775'</b>			
Pool <b>Indian Basin</b>	Name of Producing Formation <b>Upper Penn</b>		Top Oil/Gas Pay <b>7413</b>		Tubing Depth <b>7276'</b>			
Perforations <b>7413-88'</b>					Depth Casing Shoe <b>7807'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>15"</b>	CASING & TUBING SIZE <b>11-3/4"</b>		DEPTH SET <b>346</b>		SACKS CEMENT <b>625</b>			
<b>10-5/8"</b>	<b>8-5/8"</b>		<b>2298</b>		<b>550</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>7807</b>		<b>200</b>			
<b>4-1/2"</b>	<b>2-3/8"</b>		<b>7276</b>		<b>Tubing</b>			

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 <b>31,400 Absolute Pot.</b>	Length of Test <b>4 hrs.</b>	Bbls. Condensate/MMCF <b>8.8</b>	Gravity of Condensate <b>60.1</b>
Testing Method (pitot, back pr.) <b>B.P.</b>	Tubing Pressure <b>2380-2129</b>	Casing Pressure <b>Packer</b>	<del>XXXXXX</del> Orifice Size <b>2.250</b>

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.

*N. W. W. J. F.*  
(Signature)

**District Production Superintendent**  
(Title)

**November 23, 1965**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED *J. A. ...* 1966, 19

BY *M. L. ...*

TITLE *District Production Superintendent*

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.