

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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

RECEIVED

I. OPERATOR

Operator: MONSANTO COMPANY

Address: 1330 Midland National Bank Tower, Midland, Texas 79701

Reason(s) for filing (Check proper box):

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Other (Please explain):

Recompletion ☐ Casinghead Gas ☐ Condensate ☐ CHANGE IN OPERATOR

Change in Ownership ☒

If change of ownership give name and address of previous owner: Gulf Oil Co. - U.S. Box 670, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Cerf Federal Com.	1	Burton Flat Strawn	State, Federal or Fee Federal	NM 14768
Location				
Unit Letter C	660	Feet From The North	Line and 1980	Feet From The West
Line of Section 10	Township 21S	Range 27E	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)	
The Permian Corp.	Box 1183, Houston, Texas 77001	
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)	
Transwestern Pipeline Co.	Box 2521, Houston, Texas	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 10
	Twp. 21S	Rge. 27E
Is gas actually connected?	No	When Well disconnected from pipeline

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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

McChell
(Signature)

Regional Production Manager

(Title)

10/20/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 26 1976, 19

BY *W.A. Gussitt*

TITLE SUPERVISOR, DISTRICT II

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 deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for use on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes well name or number, or transporter, or other such change of