

RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
**RECEIVED**  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**AUG 14 1975**  
**O. C. C.**  
**ARTESIA, OFFICE**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>MONSANTO COMPANY</b>	
Address <b>Production Dept., 321 West Texas, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<b>Additional transporter of gas</b>	

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

Lease Name <b>PECOS</b>		Well No. <b>1</b>	Pool Name, including Formation <b>AVALON - MORROW GAS</b>	Kind of Lease State, Federal or Fee <b>Federal NM</b>	Lease No. <b>0526982</b>
Location Unit Letter <b>N</b> <b>1980</b> Feet From The <b>West</b> Line and <b>3300</b> Feet From The <b>South</b>					
Line of Section <b>5</b> Township <b>21S</b> Range <b>26E</b> , NMPM, <b>Eddy</b> County					

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)	
<b>THE PERMIAN CORPORATION</b>		<b>P.O. Box 1183, Houston, Texas 77001</b>	
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)	
<b>EL PASO NATURAL GAS SOUTHERN UNION GAS CO.</b>		<b>P.O. Box 1492, El Paso, Texas 79999</b>	
Is gas actually connected?		When	
<b>Yes</b>		<b>El Paso 7-8-75 S.U. 8-8-75</b>	

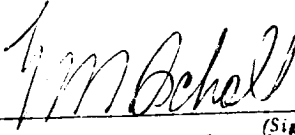
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			<b>X</b>	<b>X</b>					
Date Spudded <b>4/28/74</b>	Date Compl. Ready to Prod. <b>6/27/74</b>	Total Depth <b>10,875'</b>		P.E.T.D. <b>10,820'</b>					
Elevations (DF, RKB, RT, CR, etc.) <b>3205 Gr.</b>	Name of Producing Formation <b>Morrow</b>	Top Oil/Gas Pay <b>10,664'</b>		Tubing Depth <b>10,446'</b>					
Perforations <b>10,664 - 10,674 &amp; 10,696 - 10,710 w/ 48 shots</b>				Depth Casing Shoe <b>10,875'</b>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>17 1/2"</b>	<b>13 3/8"</b>		<b>500'</b>		<b>600 Sx.</b>				
<b>12 1/4"</b>	<b>9 5/8"</b>		<b>2030'</b>		<b>1000 Sx.</b>				
<b>8 3/4"</b>	<b>5 1/2"</b>		<b>10,875'</b>		<b>800 Sx.</b>				
	<b>2 7/8"</b>		<b>10,436'</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

<b>GAS WELL</b>		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D <b>2718</b>	Length of Test <b>4 Hrs.</b>	<b>None</b>		<b>----</b>	
Testing Method (pilot, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>3455</b>	Casing Pressure (Shut-in) <b>Sealed</b>		Choke Size <b>24/64"</b>	

<b>VI. CERTIFICATE OF COMPLIANCE</b>		<b>OIL CONSERVATION COMMISSION</b> <b>AUG 14 1975</b>	
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.		APPROVED _____, 19____	
		BY <b>W. A. Gressett</b>	
Regional Production Manager		TITLE <b>SUPERVISOR, DISTRICT II</b>	
August 13, 1975		This form is to be filed in compliance with RULE 1104.	
(Date)		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 only Sections I, II, III, and VI 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.	