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	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	U.S.G.S.  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  LAND OFFICE  OIL				
	OPERATOR GAS			1 1 7 <b>1963</b>	
I.	PRORATION OFFICE Operator MONSANTO CO	apany		**	
	Address 101 North Me	arienfeld, Midland, Texas	79701		
	Reason(s) for filing (Check proper box	)	Other (Please explain	)	
	New Well  Hecongletion Change in Ownership	Change in Transporter of:  Cil Dry Ga  Casinghead Gas Conder	<b>—</b> 1		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Na	pefincluding Formation	Kind of Lease	
	ROCK TANK UNIT		gnates - Lower Morro	State, Federal or Fee <b>Federal</b>	
	Location Unit Letter D 66	North Lin	se andFeet	From The West	
	3	wnship <b>23-8</b> Range	25-B , NMPM,	Eddy County	
ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS		
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  The Permian Corporation Box 3119, Midland, Texas 79701				
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas (X) for Rock Tenk Unit #2)	Address (Give address to which	approved copy of this form is to be sent) Midland, Texas 79701	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <b>D</b> 7 23-8 25-E	Is gas actually connected?	When upon approval of Rock Tank Unit #2 permit	
	If this production is commingled wincompletion DATA	Cil Well Gas Well	give commingling order numbe		
	Designate Type of Completi	on - (X) X  Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded 11-11-67	1-23-68	11,026' Top Oil/Gas Pay	10,394 Tubing Depth	
	Pool Lower Undesignated - Morrow	Name of Producing Formation  Lower Morrow	10,290°	10,200'	
	Perforations /6h 10290-298	164 10308-324		Depth Casing Shoe	
			D CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE 8-5/8" 24# J-55	2,426	950	
	7-7/8"	5-1/2" 17# N-80	10,472	500	
				1 - 1 t be equal to or exceed top allow	
V.	TEST DATA AND REQUEST FOIL WELL	able for this d	epth or be for full 24 hours)  Producing Method (Flow, pump,	pad oil and must be equal to or exceed top allow	
	Date First New Cil Run To Tanks	Date of Test		Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D 44,916	Length of Test 4 hours	Bbls. Condensate/MMCF 755.5 MCP/bbl.	Gravity of Condensate  540	
	Testing Method (pitot, back pr.)  back pr.	Tuping Pressure 3385-2694	Casing Pressure	Choke Size 18/64" - 24/64"	
VI.	CERTIFICATE OF COMPLIAN		<del> </del>	ERVATION COMMISSION	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		CIL AND GAS I	CIL AND GAS INSPECTOR	
			TITLE This form is to be fil	This form is to be filed in compliance with RULE 1104.	
		A. W. Wood	* 1	r allowable for a newly drilled or deepened	

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.

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Dist. Prod. Supt.

(Date)

May 15, 1968