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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
RECEIVED
JAN 31 1969
O. C. C.
ARTESIA, OFFICE

I. MONSANTO COMPANY	
Address: 101 North Marienfeld, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE			
Lease Name ROCK TANK UNIT	Well No. 2	Pool Name, Including Formation Rock Tank (Lower Morrow) Gas	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter K	1980	Feet From The South Line and 1650	Feet From The West
Line of Section 6	Township 23S	Range 25E	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) Box 3119, Midland, Texas 79701					
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) Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 6	Twp. 23S	Rge. 25E	Is gas actually connected? No	When 3-21-69

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 5-23-68	Date Compl. Ready to Prod. 7-17-68	Total Depth 10,552'		P.B.T.D. 10,472'				
Pool Rock Tank (Lower Morrow)	Name of Producing Formation Lower Morrow	Top Oil/Gas Pay 10,405'		Tubing Depth 10,213'				
Perforations 10,405-10,438'				Depth Casing Shoe 10,472'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 2537'		SACKS CEMENT 1515				
7-7/8"	4-1/2"	10,533'		375				
	2 3/8"	10 213						

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 24,566 CAOF	Length of Test 4 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pitot, back pr.) back pr.	Tubing Pressure 3157-2507	Casing Pressure packer	Choke Size 12-19/64"

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.	
A. W. Wood (Signature) Dist. Prod. Supt. (Title) January 30, 1969 (Date)	
OIL CONSERVATION COMMISSION MAR 28 1969 APPROVED _____, 19____ BY W. A. Gussott TITLE OIL AND GAS INSPECTOR 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.	