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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

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DEC 3 1970

O. E. C.
ARTESIA, OFFICE

Operator 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. 4	Pool Name, Including Formation ROCK TANK (LOWER MORROW) GAS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-0272711
Location				
Unit Letter J ; 1650 Feet From The SOUTH Line and 1650 Feet From The EAST				
Line of Section 1 Township 23S Range 24E , 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)
SCURLOCK OIL CO.	Houston Club Bldg., Houston, Texas 77002
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 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
J 1 23S 24E	YES 11-20-70

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 7/24/70	Date Compl. Ready to Prod. 11/20/70	Total Depth 10,921'	P.B.T.D. 10,365'					
Elevations (DF, RKB, RT, GR, etc.) 4030' RKB	Name of Producing Formation LOWER MORROW	Top Oil/Gas Pay 10,200'	Tubing Depth 10,111'					
Perforations 10,200-12'; 10,216-28'; 10,233-44'; w/ 3 SHOTS PER FOOT			Depth Casing Shoe 10,405'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8"	2483'	1150 Sx. to surface					
7 7/8"	5 1/2"	10,405'	1250 Sx.					
	2 3/8"	10 111'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 6000	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 1	Gravity of Condensate 53.8
Testing Method (pilot, back pr.) FLOWING	Tubing Pressure (Shut-in) 3000 psi	Casing Pressure (Shut-in) 0	Choke Size 1/2"

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) A. W. Wood
District Production Manager
(Title)
12/2/70
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 7 1970, 19_____
BY W. A. Grossett
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 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.