

NEW MEXICO OIL CONSERVATION COMMISSION
 DISTRIBUTION
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL
 GAS
 OPERATOR
 PRODUCTION 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

I. OWNER

Amerada Petroleum Corporation

P. O. Box 668 - Hobbs, New Mexico

Reason for filing (Oil or gas) **Oil** **Gas** *Other: Please explain.*
 Name _____
 Address _____
 City _____ State _____
 County _____

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

II. DESCRIPTION OF WELL AND LEASE

Section **State D "C"** Township **2** Range **Paddock** Kind of Lease _____
 State, Federal or New **State**

North **E** 2310 Feet from The **North** Line **886.4** Feet from The **West** Line
 Section **19** Township **21S** Range **37E** **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of transporter of oil **Texas-New Mexico Pipe Line Co.** *Address (the address to which approved copy of this form is to be sent)*
Box 1510, Midland, Texas

Name of transporter of natural gas **Skelly Oil Co.** *Address (the address to which approved copy of this form is to be sent)*
Eunice, New Mexico

Well section **F** Township **19** Range **21S 37E** Is well actually completed? **Yes** When **3-6-65**

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-120**

IV. COMPLETION DATA

Designate Type of Completion - (X) **Open** **Deep**
 Date of Completion **3-11-65** Total Depth **6750'** Fluid Level **5188'**
 Name of Producing Formation **Paddock** True Vertical Depth **5184'** **5182'**
 Depth from Surface **5184' to 5186'** Depth from Shoe **6747'**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	286'	450
13-3/4"	10-3/4" & 13-3/8"	2564'	2078
9-7/8"	2-7/8"	6747'	2000

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date of Test **3-6-65** Length of Test **3-20-65** Production Method (Flow, pump, gas lift, etc.) **Gas Lift**

Duration of Test **24 Hrs.** Shut-in Pressure **200#** Choke Size **3/4"**

Actual Production **27.66 Bbls.** Oil - Bbls. **13.83** Water - Bbls. **13.83** Gas - MCF **21.952**


GAS WELL

Actual Production (Gas - MCF) _____ Length of Test _____ Bbls. Condensate - MCF _____ Gravity of Condensate _____
 Shut-in Pressure (gauge, back pressure) _____ Shut-in Pressure _____ Casing Pressure _____ Choke Size _____

VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION

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 _____


 District Superintendent
 March 25, 1965

TITLE _____
 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