

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

I. Operator  
**Amerada Division, Amerada Hess Corporation**

Address  
**P. O. Box 1920 - Hobbs, New Mexico**

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:      THIS WELL HAS BEEN PLACED IN THE POOL  
Recompletion       Oil       Dry Gas       DESIGNATED BELOW. IF YOU DO NOT CONCUR  
Change in Ownership       Casinghead Gas       Condensate       NOTIFY THIS OFFICE.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State NE "L" Com.</b>	Well No. <b>1</b>	Pool Name, including Formation <b>R-3932</b>	Kind of Lease <b>State</b>	Lease No. <b>E-1640</b>
Location Unit Letter <b>K</b> ; <b>1980</b> Feet From The <b>south</b> Line and <b>1780</b> Feet From The <b>west</b>				
Line of Section <b>10</b> Township <b>21-S</b> Range <b>35-E</b> , NMPM, <b>Lea</b> 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)			
<b>Fameria Oil &amp; Refining</b>	<b>Box 980 - Hobbs, New Mexico</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>Phillips Petroleum Co.</b>	<b>Box 791 - Midland, Texas 79701</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>10</b>	Twp. <b>21-S</b>	Rge. <b>35-E</b>
	Is gas actually connected?      When			
	<b>No</b>			

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.
		<b>X</b>	<b>X</b>					
Date Spudded <b>8-31-69</b>	Date Compl. Ready to Prod. <b>11-29-69</b>		Total Depth <b>12,095'</b>		P.B.T.D. <b>11,963'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3608' DF; 3594' GL</b>	Name of Producing Formation <b>Morrow</b>		Top Off./Gas Pay <b>11,723'</b>		Tubing Depth <b>11,592'</b>			
Perforations <b>11,723' to 11,753'</b>					Depth Casing Shoe <b>12,095'</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>347'</b>		<b>400 sacks</b>			
<b>12-1/4"</b>	<b>9-5/8"</b>		<b>5350'</b>		<b>850 sacks</b>			
<b>8-3/4"</b>	<b>7"</b>		<b>11,368'</b>		<b>505 sacks</b>			
<b>6-1/8"</b>	<b>5" liner</b>		<b>12,095'</b>		<b>80 sacks</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)

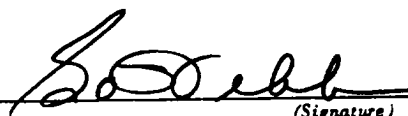
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>972</b>	Length of Test <b>6 hrs.</b>	Bbls. Condensate/MMCF <b>10.56</b>	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back Press.</b>	Tubing Pressure (shut-in) <b>5000#</b>	Casing Pressure (shut-in) <b>3600#</b>	Choke Size <b>47.9</b>
			<b>32/64</b>

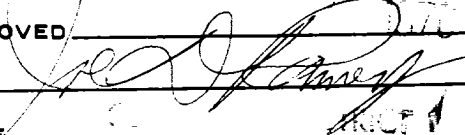
VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
**District Superintendent**  
(Title)  
**December 3, 1969**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY 

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 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.