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NEW MEXICO OIL CONSERVATION COMM. ON  
**REQUEST FOR ALLOWABLE**  
**REDEVELOPMENT**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

SEP 10 1976  
 U.S.G.S.  
 ARTESIA, OFFICE

Operator  
**Monsanto Company**

Address  
**1330 Midland National Bank Tower, Midland, Texas 79701**

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

New Well <input type="checkbox"/>	Change In Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Change Southern Union Gas Company's name to Gas Company of New Mexico
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input checked="" type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Dagger Draw</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Cemetery - Morrow Gas</b>	Kind of Lease State, Federal or Fee Federal	Lease No. <b>NM 08386</b>
Location				
Unit Letter <b>K</b>	1980	Feet From The <b>West</b> Line and	1980	Feet From The <b>South</b>
Line of Section <b>8</b>	Township <b>20S</b>	Range <b>25E</b>	NMPM,	Eddy County

**II. 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>The Permian Corp.</b>	<b>PO Box 1183, Houston, Texas 77001</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>Natural Gas Pipeline of America Gas Company of New Mexico</b>	<b>PO Box 283, Houston, Texas 77001</b> <b>First International Bldg., Dallas, Tx. 75270</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<b>K</b>	<b>8</b>	<b>20</b>	<b>25</b>
	Is gas actually connected? <b>Yes</b>		When <b>NGP 4/25/75</b> <b>GCNM 6/9/75</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**III. COMPLETION DATA**

Designate Type of Completion - (X)									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT	

**IV. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**V. 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.

**OIL CONSERVATION COMMISSION**

APPROVED **SEP 10 1976**, 19 \_\_\_\_\_

BY *W. A. Gressett*

TITLE **SUPERVISOR, DISTRICT II**

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.

*D. S. Tipton*  
 (Signature) **D. S. Tipton**  
 Regional Production Engineer  
 \_\_\_\_\_  
 (Title)  
 9/1/76  
 \_\_\_\_\_  
 (Date)