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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

APR 28 10 26 AM '64
O.C.C.
RECEIVED
Completion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hebbs, New Mexico

April 27, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Amerada Petroleum Corporation C. W. Robinson, Well No. 2, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)
H, Sec. 23, T. 11S, R. 32E, NMPM, Moore Pool

Unit Letter

Lea

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

1980' FNL & 660' FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	300'	225
8-5/8"	3470'	1500
5-1/2"	10,658'	600

County. Date Spudded 4-7-53 Date Drilling Completed 6-14-53
Elevation 4351' DP Total Depth 10,671' PBD 10,071'

Top Oil/Gas Pay 9880' Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL -

Perforations 9880' to 10,010'

Open Hole Depth 10,658' Depth Casing Shoe 10,031'

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 86.89 bbls. oil, 0 bbls. water in 24 hrs, min. Size 7-120" SPK

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Total of 7000 gals. 15% reg. acid.

Casing Tubing Date first new Press. oil run to tanks 4-12-64

Oil Transporter Service Pipe Line Company

Gas Transporter

Remarks: Potential Test - Pumped 86.89 BO & 0 BW in 24 hrs. on 7-120" SPK. Gas Vol. 78,500

CFPD GOR 971 Qty. 43.9 Cor.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved, 19

Amerada Petroleum Corporation

(Company or Operator)

By: (Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: Amerada Petroleum Corporation

Address: Box 668 - Hebbs, New Mexico

OIL CONSERVATION COMMISSION

By:

Title:

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Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.

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| | GAS |
| PRODUCTION OFFICE | |
| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110

(Rev. 7-60)
HOBBS OFFICE O. C. C.
APR 28 10 26 AM '64

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

| | | | | | | | |
|---|----------------------|------------------------|----------------------------------|--|------------------------|----------------------|--|
| Company or Operator
Amerada Petroleum Corporation | | | | Lease
C. W. Robinson | | Well No.
2 | |
| Unit Letter
H | Section
23 | Township
11S | Range
R-32E | County
Lea | | | |
| Pool
Moore | | | | Kind of Lease (State, Fed, Fee)
Patent | | | |
| If well produces oil or condensate
give location of tanks | | | Unit Letter
A | Section
23 | Township
11S | Range
32E | |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>
Service Pipe Line Company | | | | Address (give address to which approved copy of this form is to be sent)
Box 337, Midland, Texas | | | |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>
Amerada Petroleum Corp. | | | Date Connected
4-27-64 | Address (give address to which approved copy of this form is to be sent)
Roswell Star Route, Tatum, New Mexico | | | |

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☐
Change in Transporter (check one)
Oil ☐ Dry Gas ☐
Casing head gas . ☐ Condensate.. ☐

Change in Ownership ☐
Other (explain below)

Recompleted from Devonian to Pennsylvanian zone.

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **27th** day of **April**, 19**64**.

| | | |
|-----------------------------|--|--------------------------------------|
| OIL CONSERVATION COMMISSION | | By |
| Approved by | | Title |
| | | District Superintendent |
| Date | | Company |
| | | Amerada Petroleum Corporation |
| | | Address |
| | | Box 668 - Hobbs, New Mexico |