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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

SEP 12 1 45 PM '68

NAME CHANGE
TO AMERADA PETROLEUM CORP.
EFFECTIVE JULY 1, 1969

I. Operator
Amerada Petroleum Corporation
Address
P. O. Box 668 - Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Request Allowable

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. E. Mathers	Well No. 1	Pool Name, Including Formation Bagley Pennsylvanian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H ; 662 Feet From The East Line and 1980 Feet From The North Line of Section 3 Township 12-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Service Pipe Line Co. Amoco Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 337 - Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 - Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 3	Twp. 12-S	Rge. 33-E	Is gas actually connected? Yes	When 9-3-68

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 9-3-68	Total Depth 10,964'	P.B.T.D. 9,331'					
Elevations (DF, RKB, RT, GR, etc.) 4254' DF	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 9,284'	Tubing Depth 9,219'					
Perforations 9284' to 9289', 9314' to 9319' & 9322' to 9328'			Depth Casing Shoe 10,934'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	307'	225					
11"	8-5/8"	3,863'	1500					
7-3/8"	5-1/2"	10,934'	550					

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 9-3-68	Date of Test 9-11-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 485 bbls.	Oil - Bbls. 50	Water - Bbls. 435	Gas - MCF 220

GAS WELL

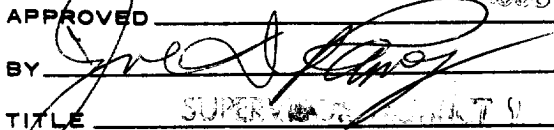
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
Asst. Dist. Supt.
(Title)
9-12-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE **SUPERVISOR**

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.