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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
INANSPORTER	GAS		
OPERATOR			
		T .	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

-	U.S.G.S.	AUTHORIZATION		**	TURAL GAS					
-	LAND OFFICE		1	ere y la	ar≢ 1, O					
	TRANSPORTER GAS	1								
ł	OPERATOR				S					
1.	PRORATION OFFICE	NAME CHANGE								
•	Operator			MERALIA PETROLEG DIVANTE TOA HESP			ĭ			
	Amerada Petrele	m Corporation		ng ing a duty 1.						
	Address	or a transfer of the standard	L	11: 1: 1: 2: 2: 2: 2:						
ļ	Reason(s) for filing (Check proper box	Hebbs, New Maxico		Other (Please						
	New Well	Change in Transporter o	f:	To change	well name	from W.E.	Mathere			
	Recompletion	Oil	Dry Gas	Cas Com	12 to W.E.	Mathers #2	eff.			
	Change in Ownership	Casinghead Gas	Condensate [1-15-68.						
ı	If change of ownership give name and address of previous owner									
11.	DESCRIPTION OF WELL AND	ESCRIPTION OF WELL AND LEASE Lease No.								
	Lease Name	Well No. Pool Name, I			Kind of Lease State, Federal or I	ree Tan	Lease No.			
	W.E. Mathers	2 Bagle	<u>y</u>							
	Location Unit Letter ;;	Feet From The	Line and	660	_ Feet From The _	East				
	Line of Section 3 To	wnship 128	Range 33	, NMPM,		Lea	County			
	Line of Section	William P.								
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATI	JRAL GAS	ress (Give address to	· · · ·	an of this form i	s to be sent!			
	Name of Authorized Transporter of Oi	or Condensate	Addi				s to be sem,			
	Service Pipe Line	Co. Amoco Pipeline G	61 / 144	ex 337 - Md ress (Give address to	which approved	copy of this form i	s to be sent)			
	Name of Authorized Transporter of Co	asinghead Gas 📜 or Dry G		lex 1587 - Tu	Isa. Uklam					
ļ	Augrada Petroleia	Unit Sec. Twp.	Rge. Is g	as actually connecte	d? When	Ta, New Ma				
	If well produces oil or liquids, give location of tanks.	1 0 1 1	33E	Tes	į	-1-64				
					number:					
137	If this production is commingled w COMPLETION DATA	ith that from any other leas	e or poor, give							
1 .		022	Gas Well New	Well Workover	Deepen	lug Back Same I	Res'v. Diff. Res'v.			
	Designate Type of Complete			1.0	P	.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod	. Tot	al Depth		.6.1.0.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formati	on Tor	Oil/Gas Pay	T	ubing Depth				
	Lievations (DI, RRB, RI, OR, etc.)									
	Perforations	<u>, l </u>			D	epth Casing Shoe				
				MENTING RECOR		SACKS C	EMENT			
	HOLE SIZE	CASING & TUBING	SIZE	DEPTH SE	ET .	SACKS C	EMENT			
_,	. TEST DATA AND REQUEST	FOR ALLOWARIE (Te	st must be after r	ecovery of total volu	me of load oil and	must be equal to	or exceed top allow			
V	OIL WELL	abl	e for this depth o	or be for full 24 hours	7					
	Date First New Oil Run To Tanks	Date of Test	Pro	ducing Method (Flow	, pump, gas tijt, e	:::::::				
				sing Pressure		Choke Size	·····			
	Length of Test	Tubing Pressure	Cu	and Liesame						
		Oil-Bbls.	Wa	ter - Bbls.		Gas - MCF				
	Actual Prod. During Test	0.11-10.101								
	GAS WELL									
	Actual Prod. Test-MCF/D	Length of Test	Bb	ls. Condensate/MMC	F	Gravity of Condens	sate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-i	n) Ca	sing Pressure (Shut	:-in)	Choke Size				
V	VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION						
			,	PPROVED	san c	<u> </u>	, 19			
		d regulations of the Oil Conservation i with and that the information given		AFFRONCES						
	above is true and complete to	the best of my knowledge	and belief.	37						
			- !}	TITLE						
	$//\sim$		∥ '		a be filed in co	moliance with p	ULE 1104.			
	TAR BD			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened						
	Duyer	gnature)	ll ,	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
	District Superintendent			ests taken on the	Mell ID Sccolds	IUCA MITU MOFF				
				All sections of this form must be filled out completely for allow						

(Title)

(Date)

January 22, 1968

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.