DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
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

O. C. C.
FEB 11 59 AM '66

Operator: L. R. French, Jr.

Address: 1804 ABC Building, Odessa, Texas

Reason(s) for filing (Check proper box): New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain): Request from OCC

If change of ownership give name and address of previous owner

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Gulf State	1	Inbe-Penn	State, Federal or Fee: State

Unit Letter A; 660 Feet From The North Line and 660 Feet From The East

Line of Section 18 Township 11-S Range 34-E, N.M.P.M. Lea County

Name of Authorized Transporter of Oil X or Condensate ☐ — Address (Give address to which approved copy of this form is to be sent): Pan American Petroleum Corporation, Box 591, Tulsa, Oklahoma 74102

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ — Address (Give address to which approved copy of this form is to be sent): Warren Petroleum Corporation, Box 1589, Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	18	11S	34E	Yes	

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

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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	Casing Pressure	Choke Size

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.

David H. Donaldson
(Signature)

Production Superintendent
(Title)

February 1, 1966

OIL CONSERVATION COMMISSION

APPROVED
BY Joe D. Ramey
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 for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, or other such changes of condition.