

NO. OF COPIES RECEIVED		
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 HOBBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 1 11 49 AM '67

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

Operator MONSANTO COMPANY	
Address 101 North Marienfeld, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name LANE STATE	Well No. 1-Y	Pool Name, Including Formation Wildcat - Cisco (Bough "C")	Kind of Lease State, Federal or Fee	State
Location East Inbe-Pennsylvanian R-3237				
Vada-Pennsylvanian R-3662				
Unit Letter M	660	Feet From The South	Line and 760	Feet From The West
Line of Section 30	Township 10S	Range 34E	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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) -					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 30	Twp. 10S	Rge. 34E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-30-66	Date Compl. Ready to Prod. 1-25-67		Total Depth 10,080'		P.B.T.D. 10,043'			
Pool Wildcat	Name of Producing Formation Cisco (Bough "C")		Top Oil/Gas Pay 10,000'		Tubing Depth 5,000'			
Perforations 10,002-14' 13 shots					Depth Casing Shoe 10,070'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	1-3/4"		360'		300			
10-5/8"	8-5/8"		3999.53'		300			
7-7/8"	5-1/2"		10,070'		250			
5-1/2"	2-7/8"		5036'		Tubing			

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 1-14-67	Date of Test 1-30-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 60	Oil-Bbls. 60	Water-Bbls. 402	Gas-MCF 106

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

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.

A. W. Wood
Dist. Prod. Supt.
1-31-67

OIL CONSERVATION COMMISSION

APPROVED
BY
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 completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multip' completed wells.