

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

Operator Southern Natural Gas Company	
Address P. O. Box 1513 - Houston, Texas 77001	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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

DESCRIPTION OF WELL AND LEASE

Lease Name State C	Well No. 2	Pool Name, Including Formation Northeast Bagley Wolfcamp	Kind of Lease State, Federal or Fee: State	Lease No. OG200
Location				
Unit Letter E : 660 Feet From The West Line and 1980 Feet From The North				
Line of Section 11 Township 11S Range 33E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Service Pipe Line Company	3411 Knoxville Avenue Lubbock, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	P. O. Box 1589 Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 11S	Rge. 33E	Is gas actually connected? Yes	When August 19, 1967

If this production is commingled with that from any other lease or pool, give commingling order number: None

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res'v. X
Date Spudded 3/19/67	Date Compl. Ready to Prod. 8/19/67	Total Depth 10,245	P.B.T.D. 10,000					
Elevations (DF, RKB, RT, GR, etc.) 4239.4 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 8,810	Tubing Depth 8,751					
Perforations 8810-8826						Depth Casing Shoe 10,245		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	11 3/4"		357		500			
11"	8 5/8"		3850		400			
7 7/8"	4 1/2"		10245		525			
	2 3/8"		8751					

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 8/19/67	Date of Test 8/23/67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 390	Casing Pressure Packer	Choke Size 18/64"
Actual Prod. During Test	Oil - Bbls. 277	Water - Bbls. Nil	Gas - MCF 118

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

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.

R. H. Kerr	(Signature)
Production Supt.	(Title)
8/23/67	

OIL CONSERVATION COMMISSION

APPROVED	19
BY	ORIGINAL
TITLE	ENCL

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,