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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
MAY 23 1 08 PM '67

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

Operator The Louisiana Land and Exploration Company	
Address 1605 Wilco Building, Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State	4	Middle Lane Permo Penn	State, Federal or Fee State	E 7324
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West				
Line of Section 24 Township 10 - 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"/>	Address (Give address to which approved copy of this form is to be sent)
Service Pipeline Company Amoco Pipeline Co.	3411 Knoxville, 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 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
P 14 10-S 33-E	Yes 11-22-66 to battery for #1

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XX	XX						XX	
Date Spudded 4-5-67	Date Compl. Ready to Prod. 5-13-67	Total Depth 9875		P.B.T.D. 9830				
Elevations (DF, RKB, RT, GR, etc.) 4195 gr., 4208 KB	Name of Producing Formation Permo Penn	Top Oil/Gas Pay 9782		Tubing Depth 9821				
Perforations 9786 - 9798				Depth Casing Shoe 9875				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8	385		350 (circ. to surface)				
11	8 5/8	4016		300				
7 7/8	5 1/2	9875		325				
	2 1/16	9821						

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 5-12-67	Date of Test 5-13-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 19.75 hrs.	Tubing Pressure 450	Casing Pressure Packer	Choke Size 24/64
Actual Prod. During Test 367.53	Oil-Bbls. 327.02	Water-Bbls. 40.51	Gas-MCF 364.6

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.

F. H. Reiter
(Signature)
Geologist
(Title)
5-19-67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19_____
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 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.