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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND DEEDS OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUN 23 1 02 PM '67

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

I. Operator  
**Delaware-Apache Corporation**  
Address:  
**1720 Wilco Building, Midland, Texas**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner -----

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
<b>Midwest "A" State</b>		<b>1</b>	<b>Undesignated - Bough "C"</b>	<b>State</b>
Location Unit Letter <b>C</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>23</b> Township <b>10-S</b> Range <b>33-E</b> , NMPM, <b>Lea</b> 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)					
<b>Service Pipeline Company</b>	<b>P. O. Box 337, Midland, Texas</b>					
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)					
<b>Warren Petroleum Corporation</b>	<b>P. O. Box 1859, Tulsa, Oklahoma</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>J</b>	<b>23</b>	<b>10S</b>	<b>33E</b>	<b>Yes</b>	<b>June 18, 1967</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **Request Temporary Commingling Permit**

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<b>X</b>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<b>May 17, 1967</b>	<b>June 18, 1967</b>		<b>9792</b>		<b>9763</b>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<b>4303.0 GL</b>	<b>Bough "C"</b>		<b>9730'</b>		<b>9678'</b>			
Perforations					Depth Casing Shoe			
<b>9730-32' and 9738-40'</b>					<b>9792</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15"</b>	<b>11-3/4" OD</b>		<b>365'</b>		<b>375 sk Class "C"</b>			
<b>11"</b>	<b>8-5/8" OD</b>		<b>3920'</b>		<b>550 sk Class "C"</b>			
<b>7-7/8"</b>	<b>5-1/2" OD</b>		<b>9792'</b>		<b>400 sk Class "C"</b>			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>June 18, 1967</b>	<b>June 19, 1967</b>	<b>Flow</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24 hours</b>	<b>440 psi</b>	<b>Packer</b>	<b>17/64"</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<b>296 bbls</b>	<b>257 bbl</b>	<b>12</b>	<b>2056</b>

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.

**Roy H. Reeves**  
(Signature)

(Title)

**June 22, 1967**

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Joe D. Ramsey**  
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.