STATE OF NEW MEXICO
GY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
NTA FE		
E		
.S.G.		
ND OFFICE		
ANSPORTER	OIL	
	GAS	
RATOR		
RATION OFFICE		

rator
READ & STEVENS, INC.

ess
P.O. BOX 1518, ROSWELL, NM 88201

son(s) for filing (Check proper box)

- [ ] New Well
- [ ] Completion
- [ ] Change in Ownership

Change in Transporter of:

- Oil [X] Dry Gas [ ]
- Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

EFFECTIVE SEPTEMBER 1, 1980

hange of ownership give name
address of previous owner

SCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
APACHE	1	VADA PENN	State XXXXXXXXXXX	OG-854

ation
Unit Letter P ; 660 Feet From The SOUTH Line and 510 Feet From The EAST

ine of Section 3 Township 10S Range 33E , NMPM, LEA County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
CONOCO, INC. TRANSPORTATION DEPT.	P.O. BOX 460, HOBBS, NM 88240
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
WARREN PETROLEUM CORPORATION	P.O. BOX 1589, TULSA, OK

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	3	10S	33E		

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

MPLETION DATA

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

e Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
forations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

T 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)

WELL

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
gth of Test	Tubing Pressure	Casing Pressure	Choke Size
ual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

WELL

ual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RTIFICATE OF COMPLIANCE

eby certify that the rules and regulations of the Oil Conservation sion have been complied with and that the information given e is true and complete to the best of my knowledge and belief.

(Signature)

PRODUCTION CLERK
(Title)

SEPTEMBER 8, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____

BY Orig. Signed by John Runyan

TITLE Supervisor

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit