

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  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <b>Prudential Minerals Exploration Corporation</b>	
Address <b>P. O. Box 550, Bowie, Texas 76230</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Paul DeCleva, 102 Oil Center, Wichita Falls, Tex. 76302**

Lease Name <b>Humble State</b>		Well No. <b>1</b>	Pool Name, Including Formation <b>No. Bagley Penn.</b>	Kind of Lease <b>State</b>	<b>00-259</b>
Location <b>M 660</b>	<b>South</b>	<b>660</b>	<b>West</b>		
Unit Letter <b>9</b>	Feet From The <b>11-S</b>	Line and <b>33-E</b>	Feet From The <b>Lea</b>		
Line of Section <b>9</b>	Township <b>11-S</b>	Range <b>33-E</b>	NMPM,	County	

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<b>AMOCO Pipe Line Company</b>		<b>3411 Knoxville Ave., Lubbock, 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>Tulsa, Oklahoma</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>9</b>	Tr. <b>11-S</b>	Range <b>33-E</b>	Is gas actually connected? <b>Yes</b>	When <b>No</b>

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

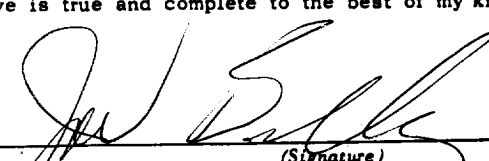
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

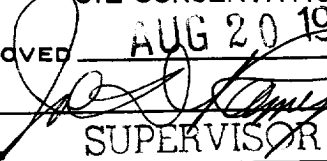
Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	

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

**VII. CERTIFICATE OF COMPLIANCE**  
**Effective date: July, 1971**

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.

  
**Dist. Prod. Superintendent**  
(Signature)  
(Title)  
**July 16, 1971**  
(Date)

**OIL CONSERVATION COMMISSION**  
**AUG 20 1971**  
**APPROVED** \_\_\_\_\_, 19\_\_\_\_  
**BY**   
**TITLE** **SUPERVISOR DISTRICT I**

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.

RECEIVED

JUL 2 1971

OIL CONSERVATION COMM.  
HOODS, N. M.