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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS.
REQUEST FOR ALLOWABLE
HANDS OFFICE D. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUL 29 8 44 AM '68

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

Operator Sam Boren	
Address Box 953, Midland, Texas	
Reason(s) for filing (Check proper box)	
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

DESCRIPTION OF WELL AND LEASE		North Bagley - Pennsylvanian R-3988	
Lease Name Graham "B" State	Well No. 2	Pool Name, including Formation North Bagley - Lower Pennsylvanian N. Bagley Lower Penn. R-3988	Kind of Lease State, Federal or Fee State
Location			
Unit Letter A 7H	660	Feet From The East	Line and 1990 Feet From The North
Line of Section 30	Township 11S	Range 33E	NMPM, 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 Co. Amoco Pipeline Co. 3411 Knoxville Ave., Lubbock, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Company Box 1589, Tulsa, Oklahoma 74100		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30	Twp. 11S
		Rge. 33E	Is gas actually connected? yes When

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 6/30/68	Date Compl. Ready to Prod. 7/15/68	Total Depth 10353	P.B.T.D.
Pool N. Bagley Lower Penn	Name of Producing Formation Lower Penn	Top Oil/Gas Pay 9963	Tubing Depth 9910
Perforations 9963 - 10300	Depth Casing Shoe 10353		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	11 3/4	400	325
9 7/8	8 5/8	3923	450
7 7/8	4 1/2	10353	450

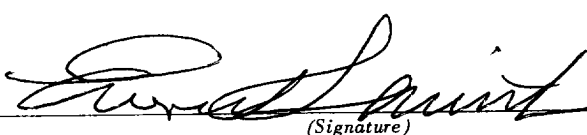
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7/16/68	Date of Test 7/16/68	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 652	Oil - Bbls. 352	Water - Bbls. 300	Gas - MCF 140.8

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

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.

Agent  (Signature)
7/26/68 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John W. Runyan**
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 Sections I, II, III, and VI only 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.