

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 Paul DeCleva	
Address 102 Oil Center, Wichita Falls, Texas 76302	
Reason(s) for filing (Check proper box)	
New Well <input 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 Bagley-State	Well No. 1	Pool Name, Including Formation Bagley Penn	Kind of Lease State, Federal or Fee State	Lease No. OG-424-2
Location Unit Letter D 660 Feet From The North Line and 660 Feet From The West				
Line of Section 34 Township 11S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
Pan American Petroleum Corp.	Box 1725, Midland, 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 Corp.	Box 1589, Tulsa Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit D Sec. 34 Twp. 11S Rge. 33E Is gas actually connected? Yes When September, 1968

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 <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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded May 16, 1968	Date Compl. Ready to Prod. 8-13-68	Total Depth 10068	P.B.T.D. 10057					
Elevations (DE, RKB, RT, GR, etc.) 3804 RKB	Name of Producing Formation Strawn	Top Oil/Gas Pay 9991	Tubing Depth 10024					
Perforations 9991.5-9998'; 9884.5-9888.5', 9821.5-9830'						Depth Casing Shoe 10057		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17-1/2 11 7-7/8	CASING & TUBING SIZE 12-3/4 8-5/8 4-1/2 2-3/8 tubing		DEPTH SET 375 3799 10057 10024		SACKS CEMENT 325 350 575			

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 10-10-68	Date of Test 10-15-68	Producing Method (Flow, pump, gas lift, etc.) Pumping - Hydraulic	
Length of Test 24 hours	Tubing Pressure pumping	Casing Pressure pumping	Choke Size pumping
Actual Prod. During Test 157	Oil-Bbls. 157	Water-Bbls. 206	Gas-MCF 284

GAS WELL

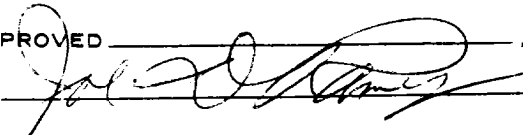
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

H. McClacker
(Signature)
Engineer
(Title)
10-17-68
(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.