SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

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

I. Operator

Major, Giebel & Forster

Address

1126 Vaughn Building, Midland, Texas 79701

Reason(s) for filing *(Check proper box)*

New Well [ ]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [X]
Dry Gas [ ]
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
T. P. State	1	UNDESIGNATED	State, Federal or Fee State	OG-2392

Location

Unit Letter O ; 660 Feet From The South Line and 1980 Feet From The East

Line of Section 36 Township 10-S Range 33-E , NMPM, Lea County

III. DESIGNATION 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)*
Service Pipe Line Company (Amoco Pipeline Co.)	3411 Knoxville Avenue, Lubbock, Texas 79413
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	Box 1589, Tulsa, Oklahoma 74100

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	36	10-S	33-E	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-29-68	8-15-68	9960	9953
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4215 GL; 4227 DF	Bough "C"	9926	9920
Perforations			**Depth Casing Shoe**
9931 - 9939 w/2 JSPF			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	12 3/4	383	350
11	8 5/8	4056	400
7 7/8	5 1/2	9960	400

V. TEST 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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
8/14/68	8/15/68	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	215 psi	0-Packer	32/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
325	294	31	257

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.

William G. Rees
(Signature)

Engineer
(Title)

October 15, 1968
(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.