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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator MONSANTO COMPANY	
Address 101 North Marienfeld, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
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 --

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "K"	Well No. 1	Pool Name, Including Formation Vada (Penn.)	Kind of Lease State, Federal or Fee State
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 5 , Township 10-8 Range 34-E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pan American Petroleum Corporation - Trucks	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) --					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 5	Twp. 10S	Rge. 34E	Is gas actually connected? No	When --

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded 7-1-68	Date Compl. Ready to Prod. 8-12-68		Total Depth 9916'		P.B.T.D. 9879'			
Pool Vada (Penn.)	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9860'		Tubing Depth 9858'			
Perforations 9860-70' - 20 holes					Depth Casing Shoe 9916'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		350'		350			
11"	8-5/8"		3990'		250			
7-7/8"	5-1/2"		9916'		300			

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 8-6-68	Date of Test 8-16-68	Producing Method (Flow, pump, gas lift, etc.) Kobe Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure Packer	Choke Size --
Actual Prod. During Test	Oil-Bbls. 407	Water-Bbls. 357	Gas-MCF 73

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

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.


A. W. Wood
(Signature)

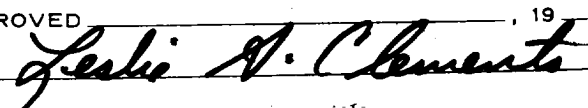
District Production Superintendent

(Title)

August 29, 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 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.