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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

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

Operator <b>MONSANTO COMPANY</b>	
Address <b>101 North Marienfeld, Midland, Texas 79701</b>	
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 <b>MCF "B" State</b>	Well No. <b>1</b>
Pool Name, including Formation <b>Undesignated (Bough "C")</b>	
Kind of Lease State, Federal or Fee <b>State</b>	
Location <b>Vada-Pennsylvanian R-3662</b>	
Unit Letter <b>I</b>	1980 Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b>
Line of Section <b>25</b>	Township <b>10-S</b> Range <b>33-E</b> , NMPM, <b>Lee</b> 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"/> <b>Pan American Petroleum Corp. - Trucks</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma 74102</b>
If well produces oil or liquids, give location of tanks.	Unit <b>I</b> Sec. <b>25</b> Twp. <b>10-S</b> Rge. <b>33-E</b>
Is gas actually connected?	When <b>As soon as Warren</b> <b>Installs Meter Run</b>

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'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>10-30-68</b>	Date Compl. Ready to Prod. <b>12-10-68</b>
Total Depth <b>10,020'</b>	P.B.T.D. <b>9990'</b>
Pool <b>Undesignated</b>	Name of Producing Formation <b>Bough "C"</b>
Top Oil/Gas Pay <b>9960'</b>	Tubing Depth <b>9778'</b>
Perforations <b>9960-80'</b>	Depth Casing Shoe <b>10,020'</b>
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
<b>15"</b>	<b>11 3/4"</b>
<b>10 5/8"</b>	<b>8 5/8"</b>
<b>7 7/8"</b>	<b>5 1/2"</b>
<b>5 1/2"</b>	<b>2 3/8"</b>
DEPTH SET	SACKS CEMENT
<b>376'</b>	<b>400</b>
<b>4010'</b>	<b>500</b>
<b>10020'</b>	<b>300</b>
<b>9778'</b>	

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 <b>12-9-68</b>	Date of Test <b>12-10-68</b>
Length of Test <b>24 hours</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>
Actual Prod. During Test	Tubing Pressure <b>325</b>
	Casing Pressure <b>Pkr.</b>
	Choke Size <b>28/64"</b>
	Oil-Bbls. <b>700</b>
	Water-Bbls. <b>84</b>
	Gas-MCF <b>1,400</b>

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
	Bbls. Condensate/MMCF
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.	
APPROVED _____, 19____	
BY <b>John W. Runyan</b>	
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.	
<b>V. W. WOOD</b> (Signature) <b>Dist. Prod. Supt.</b> (Title) <b>12-11-68</b> (Date)	