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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
TRANSI GITTER	GAS			
OPERATOR				
PRORATION OF				

V.

Ί.

Production Clerk

Feb. 2, 1971

(Title)

(Date)

HEW MEXICO OIL CONSERVATION COMMISSIC. 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

LAND OFFICE												*	
TRANSPORTER	OIL												
OPERATOR	GAS												
PRORATION OFF	ICE												
Operator		•	252	15 K *** * * > .									
DELAWARE-AI	PACHE	CU	KP0	RATION									
1720 Wilco			P 1		Midl	and,	Texas		VII (D)		· · · · · · · · · · · · · · · · · · ·		
Reason(s) for filing (Check p	roper	box)		nge in Tr	nsporter	· of	1	ther (Please	explain)			
Recompletion	H			Oil	ige iii ii	XX	Dry G	as 🖂					
Change in Ownership					inghead G	as .	Conde						
If change of ownersl and address of previ			ne										
DESCRIPTION O	F WEL	L A	ND I				<u> </u>		.,	ra::			
Lease Name				Well	- 1		Including F	'ormation		Kind of Lease State, Federa			Lease No.
Rogers Location			·		V	ada P	enn			State, 1 odera	гее гее	!_	
Unit Letter / E		;	66	0Fee	et From T	he We	stLii	ne and1	980	Feet From	The North		
Line of Section	6		Tow	nship	9 S		Range	35E	, NMPM	,	Lea	14-14-14-1	County
DESIGNATION OF						D NAT		Address (C	ina address	to which appear	ved copy of this for	m je ta L	e centi
Name of Authorized 7 Mobil Pipe				نکـ۸	or Conde	-madie [_				exas 75221	0	
				inghead G	as XX	or Dry (Gas 🗀	2				m is to b	e sent)
Warren Pet	Warren Petroleum Corporation Wanten Petroleum Corporation Unit Sec. Twp. Rge. Is gas actually connected? Address (Give address to which approved copy of this form is to be set P. O. Box 1589, Tulsa, Okla. 74102												
If well produces oil of give location of tanks	s.			E	6	95	35E	Yes		1	-5-71	 	
If this production is COMPLETION DA		ngle	d wit	h that fro									D. (C. D.)
Designate Typ	e of C	omp.	letio	n - (X)	O11 W	/ell	Gas Well	New Well	Workover	Deepen	Plug Back Sam	e Hes'v.	Diff. Res'v.
Date Spudded				Date Cor	npl. Read	y to Prod	d.	Total Dept	h		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.; Name of Producing Formation			Top Oil/Go	is Pay		Tubing Depth							
Perforations			-					, I .,			Depth Casing Sho	oe .	
					TUB	ING, CA	ASING, AN	D CEMENTI	NG RECOR	D			
HOLE	SIZE			CA	SING &	TUBING	SIZE		DEPTH SI	ΞT	SACKS	CEMEN	T
													
											 		
				 				 			+		
TEST DATA AND	REQ	UES'	T FO	OR ALL	OWABL	E (Te	st must be o	ifter recovery epth or be for	of total volu	me of load oil	and must be equal t	o or exce	ed top allow
OIL WELL able for this dep Date First New Oil Run To Tanks Date of Test					Producing Method (Flow, pump, gas lift, etc.)								
Length of Test			•	Tubing F	cessure			Casing Pre	sswe		Choke Size		
Actual Prod. During	Actual Prod. During Test Oil-Bbls.		Water - Bbla	Water - Bbls. Gas - MCF									
GAS WELL				<u> </u>									
Actual Prod. Test-N	ACF/D			Length o	of Test		· · · · · · · · · · · · · · · · · · ·	Bbls. Cond	ensate/MMC	F	Gravity of Conde	nsate	
Testing Method (pito	t, back	pr.)	Tubing Pressure (Shut-in)			Casing Pre	essure (Shut-in) Choke Size						
CERTIFICATE OF COMPLIANCE						OIL CONSERVATION COMMISSION							
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPRO	VED	DE.	7.0	, 19						
above is true and complete to the best of my knowledge and belief.					BY_	BY JAMES							
					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.

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OIL CONSETT AND COUNT.

NO. OF COPIES REC	EIVED	İ	
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	GAS		
OPERATOR			
PROBATION OF			

1-7-71

(Date)

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR	REQUEST	CONSERVATION COMMIS. N FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65				
1.	Operator							
	APACHE CORPORATIO	N A PARALLE	afratules. Ca	24				
	1720 Wilco Buildi		as 79701					
	Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Other (Please explain)					
	Recompletion	Oil Dry Go	rs Casinghead Cas	Transporter Designatio				
	Change in Ownership	Casinghead Gas Conde	nsate Castingficad das	Tid Hapor ter Designatio				
	If change of ownership give name and address of previous owner							
		Y DAGD						
ш.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.				
	Rogers	l Vada Penn	State, Federa	l or Fee Fee				
	Unit Letter E : 66	O Feet From The West Lin	ne and 1980 Feet From	The North				
			3rp					
İ	Line of Section O Tov	wnship 9S Range	35E , NMPM,	Lea County				
II.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		and considerable form to the least				
1	Permian Corporatio	on	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 Cas Warren Petroleum		Address (Give address to which approx	Address (Give address to which approved copy of this form is to be sent)				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Who					
	give location of tanks.	E 6 9S 35E	Yes	1-5-71				
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:					
۱.	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	D.P. W.D.				
	Data Spuddad	Dute Compl. Reday to Proa.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations	<u> </u>		Depth Casing Shoe				
-		The state of the s						
ŀ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
-								
}								
	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-				
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)				
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	_							
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF				
1_								
۲	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF					
		Long. Of You	Date: Condensate MMC	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
 L_4	CERTIFICATE OF COMPLIANC	747	OIL CONSERVA	TION COMMISSION				
I	hereby certify that the rules and re Commission have been complied w bove is true and complete to the	egulations of the Oil Conservation it and that the information given	APPROVED SUPERVISOR DISTRICTION 1971					
	Ω .		TYTIE	onellana pilat mus massa.				
-	Bonnie -	thioliand	This form is to be filed in c If this is a request for allow	able for a newly drilled or deepened				
	(Signa Production Clerk	tulre)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
_	(Titi	le)		it be filled out completely for allow-				
	xxxxxxxxx 1-7-7	1	•	III and III for changes of owner				

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.

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.

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OIL CONSERVATION COMM. ROCES, R. M.