

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 Delaware-Apache Corporation	
Address 1720 Wilco Bldg. 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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Willis	Well No. 1	Pool Name, including Formation Vada Penn Bough "C"	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H 1980 Feet From The North Line and 660 Feet From The East Line of Section 4 Township 9S Range 34E, 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"/> Mobil	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Pet. Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Okla.	
If well produces oil or liquids, give location of tanks.	Unit H Sec. 4 Twp. 9S Rge. 34E	Is gas actually connected? No When Approx. 2 weeks

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-25-71	Date Compl. Ready to Prod. 4-30-71		Total Depth 9720'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Gr. 4270.2'	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9642-62		Tubing Depth 9433			
Perforations 9642-62					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		380'		400 SX			
11"	8-5/8"		3950		300 SX			
7-7/8"	5-1/2"		9720		400 SX			
	2-7/8"		9433					

VI. 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 5-1-71	Date of Test 5-1-71	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 375#	Casing Pressure	Choke Size 24/64"
Actual Prod. During Test 995 bbls	Oil-Bbls. 945	Water-Bbls. 50	Gas-MCF 1500

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

VII. 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.

Bonnie Husband  
(Signature)  
Production Clerk  
(Title)  
5-3-71  
(Date)

OIL CONSERVATION COMMISSION MAY 6 1971	
APPROVED	_____, 19____
BY	<u>James D. [Signature]</u>
TITLE	SUPERVISOR DISTRICT I
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.	

