

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 <u>Apexco, Inc.</u>		CASINGHEAD GAS MUST NOT BE PLACED AFTER <u>11/1/73</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Address <u>P. O. Box 2299, Tulsa, Oklahoma</u>		
Reason(s) for filing (Check proper box) New Well ☒ Change In Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐		

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease No.	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Johnson Fed. Comm.</u>	<u>1</u>	<u>Vada Penn</u>	State, Federal or Fee <u>Federal</u>	<u>USA-NM</u>
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>2007</u> Feet From The <u>West</u>			<u>0557836</u>	
Line of Section <u>1</u> Township <u>9S</u> Range <u>33E</u> , NMPM,			<u>Lea</u> County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
<u>Permian Corporation</u>	<u>P. O. Box 1183, Houston, Texas 77001</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
<u>Warren Petroleum Company</u>	<u>P. O. Box 1589, Tulsa, Okla. 74102</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	Is gas actually connected?	When
	<u>N</u>	<u>1</u>	<u>9S</u>	<u>33E</u>	<u>No</u>	<u>Sept. 25, 1973</u>

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 ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. ☐ Diff. Restv. ☐		
Date Spudded <u>7-7-73</u>	Date Compl. Ready to Prod. <u>9-1-73</u>	Total Depth <u>9640</u>	P.B.T.D. <u>9640</u>
Elevations (DF, RKB, RT, CR, etc.) <u>GR 4330</u>	Name of Producing Formation <u>Bough C</u>	Top Oil/Gas Pay <u>9589</u>	Tubing Depth <u>9611</u>
Perforations <u>9589 - 9609</u>			Depth Casing Shoe <u>9640</u>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>15"</u>	<u>11 3/4"</u>	<u>425'</u>	<u>385</u>
<u>11"</u>	<u>8 5/8"</u>	<u>3922'</u>	<u>375</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>9640</u>	<u>400</u>

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 <u>Sept. 1, 1973</u>	Date of Test <u>September 1, 1973</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Hydraulic Pump</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>839 bbl.</u>	Oil-Bbls. <u>99</u>	Water-Bbls. <u>740</u>	Gas-MCF <u>120</u>

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.

Don R. Jerome
(Signature)
Regional Production Administrator
(Title)
September 6, 1973
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	<u>SEP 14 1973</u> , 19
BY	<u>[Signature]</u>
TITLE	<u>SUPERVISOR DISTRICT I</u>
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.	