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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

I. Operator

AMERICAN PETROFINA COMPANY OF TEXAS

Address
Box 1311, Big Spring, Texas 79720

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
THIS WELL HAS BEEN PLUGGED IN THE POOL
BLOCKED OFF AND YOU DO NOT CONCUR
WITH THE ACTION.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "E"	Well No. 2	Pool Name, Including Formation Bough "C"	Kind of Lease State, Federal or Fee Federal	Lease No. NM 051843-B
Location				
Unit Letter N	1980	Feet From The West	Line and 660	Feet From The South
Line of Section 20	Township 8-S	Range 36-E	, NMPM, Roosevelt 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipe Line Company	Box 633, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Cities Service Oil Company	Cities Service Bldg., Bartlesville, Okla.					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 20	Twp. 8S	Rge. 36E	Is gas actually connected? Yes	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)	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 10-2-70	Date Compl. Ready to Prod. 11-8-70		Total Depth 9,772'		P.B.T.D. 9,752'			
Elevations (DF, RKB, RT, GR, etc.) 4121 GR.	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9,736'		Tubing Depth 9,408'			
Perforations 9740 - 9748 2/ft.					Depth Casing Shoe 9,772'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		411		375			
11	8-5/8		4087		580			
7-7/8	5-1/2		9772		450			
	2-7/8		9408					

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 11-8-70	Date of Test 11-9-70	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 200#	Casing Pressure Packer	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 367	Water-Bbls. 183	Gas-MCF 972

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.

Cliff Chapman
(Signature)

Petroleum Engineer
(Title)

November 10, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 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 CONSTRUCTION CORP.
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