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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"/>
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 Atlantic State	Well No. 1	Pool Name, including Formation Vada Penn R-4119	Kind of Lease State, Federal or Fee State	Lease No. OG 5082
Location Unit Letter N 1980 Feet From The West Line and 550 Feet From The South				
Line of Section 36 Township 8S Range 34E, NMFM, 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"/> Mobil Pipeline	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 Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Okla. 74101				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36	Twp. 8S	Rge. 34E	Is gas actually connected? When No Approx. 2-15-71

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 11-13-70	Date Compl. Ready to Prod. 1-7-71		Total Depth 9710'		P.B.T.D. 9690'			
Elevations (DF, RKB, RT, GR, etc.) 3" 4223'	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9640		Tubing Depth 9460'			
Service Casing 9640'-58'					Depth Casing Shoe 9710'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11-3/4"	375	400
11"	8-5/8"	4000	400
7-7/8"	5-1/2"	9710	400
7-7/8"	2-7/8" tbg.	9460	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 1-7-71	Date of Test 1-8-71	Producing Method (Flow, pump, gas lift, etc.) Pump 4" x 2-3/8" x 2-3/8"	
Length of Test 24 hrs	Tubing Pressure Hydraulic	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 152	Water - Bbls. 426	Gas - MCF 62.3

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.

Bonnie R. Husband
(Signature)
Production Clerk
(Title)
1-8-71
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 22 1971, 19____
BY John W. Runyan
TITLE Geologist

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 multiple completions.