

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER ☐ OIL  
☐ GAS

OPERATOR

PRODUCTION OFFICE

FIELD

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104

Supersedes Old O-104 and O-110

Effective 1-1-67

TOM L. INGRAM

POB 1757, ROSWELL, NEW MEXICO 88201

Reason(s) for filing (Check proper box)

Other (Please explain)

Leak Well

Change in Transporter of:

Transporter

Oil

Dry Gas

Leakage, etc. ☒

Casinghead Gas

Condensate

If change of ownership, give name and address of previous owner

Atlantic-Richfield Company, POB 1610, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Well Name <b>Shults</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Gladiola-Wolfcamp</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>I</b> <b>660</b> Feet From The <b>East</b> Line and <b>1650</b> Feet From The <b>South</b> Line of Section <b>13</b> , Township <b>12S</b> , Range <b>37E</b> , <b>12MPM</b> , <b>Lea</b> 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"/> <b>Amoco Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>3411 Knoxville Ave., Lubbock, Texas 79413</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Tatum, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit <b>I</b> Sec. <b>13</b> Twp. <b>12S</b> Rge. <b>37E</b> Is gas actually connected? <input type="checkbox"/> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)

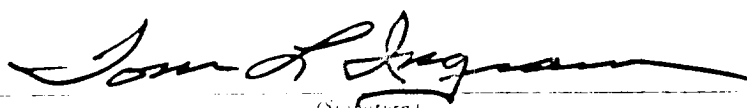
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MMCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.



OPERATOR

April 5, 1973

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_

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 recompleting 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.