	NO. OF COPIES REC			
	DISTRIBUTION			
	SANTA FE			
	FILE			
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
ı.	PRORATION OFFICE			

SANTA FE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-1		
FILE	NE 40E0	AND			
U.S.G.S.	AUTHORIZATION TO TI	RANSPORT OIL AND NATURA	I CAS		
LAND OFFICE		TO TRANSFORT OIL AND NATURAL GAS			
TRANSPORTER OIL					
GAS			, , , , , , , , , , , , , , , , , , ,		
OPERATOR					
PRORATION OFFICE Operator					
Warren Petrole	um Corporation				
Address P. C. Purg					
P. U. Box 1589					
Tulsa, Oklahom	a 74102				
Reason(s) for filing (Check proper be		Other (Please explain)			
	Change in Transporter of:				
Recompletion	Oil Dry (Gas 🔲			
Change in Ownership X	Casinghead Gas Cond	lensate			
If change of ownership give name and address of previous owner	Sinclair Oil Corporation	Roy 1920 Wakha M	M		
and address of previous owner	ornered our outpotacion	is, box 1920, hobbs, N.	ri.		
. DESCRIPTION OF WELL AND					
Lease Name Tatum Plant	Well No. Pool Name, Including	Formation Kind of Le	ease Lease No.		
No. 114 - LPG Storage V	Vell 1 Gladiola, Sali	t Section State, Fed	eral or Fee Fee		
i					
Unit Letter B; 35	Feet From The North L	ine and 2575 Feet Fro	om TheEast		
10	* 0.5				
Line of Section 18 To	ownship 12S Range	38E , NMPM,	Lea County		
DECICAL ATTION OF THE ANICHOLOGY					
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL G	AS (Not Applicable)			
	or condensate	Address (Give address to which app	proved copy of this form is to be sent)		
Name of Authorized Transporter of Co	reinghead Cas Co. Co. Co.				
The state of the s	asinghead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)		
-	Unit Sec. Twp. Fac.				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
					
If this production is commingled w	ith that from any other lease or pool,	, give commingling order number:			
COMPLETION DATA	Gil Well Cae Well	New Well Workever Deepen			
Designate Type of Completi	on (Y)		Plug Back Same Res'v. Diff. Res'v.		
Date Spudded	Propane Storage Date Compl. Ready to Brod. In].	Total Depth			
4-4-61	4-16-61	_	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Droducing Formation	2990'			
(DI, IRID, RI, GR, etc.)	_	Top Oll/Cas Pay	Tubing Depth		
Perforations	Salt Section	2340' - 2990'			
1			Depth Casing Shoe		
	TURING CASING AN	D CPUPUL DECOR			
HOLE SIZE	CASING. ATUBING SIZE	D CEMENTING RECORD			
17-1/2"		DEPTH SET	SACKS CEMENT		
17-1/2	13-3/8" OD	345 '	150		
7-7/8"	9-5/8" OD	2340 '	695		
7" & 7-7/8"	<u> </u>	2366 '	0		
1 4 1-110	4-1/2" OD	2881 '	0		
TEST DATA AND REQUEST F OIL WELL (Not Applicabl	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load or epth or be for full 24 hours)	il and must be equal to or exceed top allow-		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	2/0		
		r roadering Method r row, pamp, gas	;ı, esc.)		
Length of Test	Tubing Pressure	Casing Pressure	Challe Sta		
		Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.			
	- 52.a.	Water - Bbis.	Gas-MCF		
I	<u> </u>				
GAS WELL (Not Applicab	10)				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF			
	ang or roat	ppis. Condensate/WWCF.	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing December 4				
resting wether (public back pris)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIANCE	CE	OIL CONSERV	ATION COMMISSION		
		l ()	FC - 1969		
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED 19 19			
Commission have been complied washove is true and complete to the	ith and that the information given best of my knowledge and belief.	BY_ SOUR	By Man Man		
	/				
12 /	/	TITLE SUPERVIOLE	K MSTRICT (
		This fam is to be still to	nomaliana mistama m		
Jo V Texa	agter and	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			
(Signa	uwe) K. C. Purgason				
Area Manager	V. Lurgabuil	tests taken on the well in acco	rdance with RULE 111.		
(Tit	le)	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,			
December 3, 19	· ·				
(Da		Fill out only Sections I, I well name or number, or transpor	I, III, and VI for changes of owner, ten or other such change of condition.		
(5.4)			it be filed for each pool in multiply		
	į	completed wells.	101 of the poor in mutuply		