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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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 <b>DELAWARE-APACHE CORPORATION</b>	
Address <b>1720 Wilco Building, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	This form to cover gas used for fuel by drilling contractor to drill an additional well.
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change In Transporter of:	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

Lease Name <b>State "19"</b>		Well No. <b>#1</b>	Pool Name, Including Formation <b>Lazy J - Ext</b>	Kind of Lease State, Federal or Fee	State	Lease No. <b>B-399-35</b>
Location						
Unit Letter	<b>I</b>	<b>660</b>	Feet From The	<b>East</b>	Line and	<b>1980</b>
				Feet From The	<b>South</b>	
Line of Section	<b>19</b>	Township	<b>13 South</b>	Range	<b>33 East</b>	NMPM, Lea County

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)				
<b>Western Oil Transportation Company</b>		<b>1509 W. Wall Street, Midland, Texas 79701</b>				
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)				
<b>Moran Oil Producing &amp; Drilling Co.</b>		<b>901 West Marland</b>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>I</b>	<b>19</b>	<b>135</b>	<b>33E</b>	<b>Yes</b>	<b>November 12, 1968</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<b>X</b>		<b>X</b>		<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
<b>9-24-68</b>	<b>10-22-68</b>		<b>9815</b>		<b>9795'</b>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
<b>4267.3 GR</b>	<b>Bough "C"</b>		<b>9734'</b>		<b>9653</b>				
Perforations					Depth Casing Shoe				
<b>9734-36'; 9739-40; 9743-47 Gamma Measurements</b>					<b>9815</b>				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>15"</b>	<b>11-3/4" OD 42# N-40</b>		<b>358</b>		<b>325 (Circulated)</b>				
<b>11"</b>	<b>8-5/8" OD 24 &amp; 32# J-55</b>		<b>4100</b>		<b>400</b>				
<b>7-7/8"</b>	<b>5-1/2" OD 17# J-55 &amp; N-80</b>		<b>9815</b>		<b>400</b>				
	<b>2-3/8" OD 4.7# N-80</b>		<b>9653</b>						

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>10-23-68</b>		<b>10-24-68</b>	<b>Flow</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
<b>24 hrs</b>	<b>650# FTP</b>	<b>Packer</b>	<b>15/64"</b>	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
<b>285</b>	<b>285</b>	<b>-</b>	<b>411</b>	

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.

**L. B. Williams**  
(Signature)  
Area Engineer  
(Title)  
November 13, 1968

OIL CONSERVATION COMMISSION

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

BY **Joe A. Stoney**

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, transporter or other such change of condition.