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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

MAR 2 1970

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Bell Petroleum Company	
Address P. O. Box 1538 - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL
Recompletion <input type="checkbox"/>	DESIGNATED BELOW. IF YOU DO NOT CONCUR
Change in Ownership <input type="checkbox"/>	NOTIFY THIS OFFICE.
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Paris-State	Well No. 2	Pool Name, Including Formation Baum Upper Penn R-3932	Kind of Lease State, Federal or Fee State	Lease No. K-4480
Location				
Unit Letter "N" ; 660 Feet From The South Line and 1980 Feet From The West				
Line of Section 36 Township 13-S Range 32-E , NMPM, Lea 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)					
Texas-New Mexico Pipe Line Company	P. O. Box 1510 - 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)					
Warren Petroleum Corporation	P. O. Box 67 - Monument, New Mexico 88265					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 36	Twp. 13-S	Rge. 32-E	Is gas actually connected? Yes	When 2/26/70

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 1/3/70	Date Compl. Ready to Prod. 2/23/70		Total Depth 9970'		P.B.T.D. 9936'			
Elevations (DF, RKB, RT, GR, etc.) 4299.6' GR	Name of Producing Formation Saunders "C"		Top Oil/Gas Pay 9846'		Tubing Depth 9830'			
Perforations 9846-51-52-53-54-55-73-74-75-76-77'					Depth Casing Shoe 9970'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		387'		400 sx			
11"	8-5/8"		4055'		300 sx			
7-7/8"	5-1/2"		9970'		400 sx			

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 2/23/70	Date of Test 2/26/70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure Kobe	Casing Pressure 35#	Choke Size - -
Actual Prod. During Test 950 bbls.	Oil - Bbls. 350	Water - Bbls. 600	Gas - MCF 400

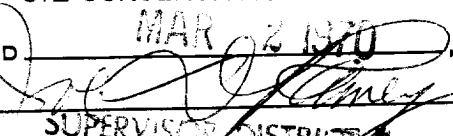
GAS WELL

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.


(Signature)
Production Supervisor
(Title)
27 February 1970
(Date)

OIL CONSERVATION COMMISSION
APPROVED  MAR 2 1970
BY **SUPERVISOR DISTRICT**
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.