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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

III.

IV.

District Superintendent

November 29,

(Title) 1966

(Date)

DISTRIBUTION SANTA FE		PRESONATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
FILE		AND		
U.S.G.S.	AUTHORIZATION TO TRAI	APPROPRIOR AND PATERAL	GAS	
OIL	-	- · · · · · · · · · · · · · · · · · · ·		
TRANSPORTER GAS		NAME CHANGE		
OPERATOR OFFICE		AMEDINA PETROLEUM	NCOPK.	
Operator		List 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	69	
Amerada Petrolo	sum Corporation	A Charles and the second of th		
P.O. Box 668 -	Hebbs, New Mexico			
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:	To change name	from State S "B" #6 eff. NMDCC Order No. R-3143.	
Recompletion	Cil Dry Gas Casinghead Gas Conden:		ARDOO OLGER NO. N. J. A.J.	
Change in Ownership	Cashiginal des			
If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·	
•	, HAGE			
DESCRIPTION OF WELL AND Lease Name	Lease No. Well No. Pool Nan	e, Including Formation	Kind of Lease	
State S "N" Unit	E-2118 6 Saun	ders Permo-Penn.	State, Federal or Fee State	
Location	ado Sawth	and 1980 Feet Etc		
Unit Letter;	780 Feet From The South Line	e and 1760 Feet Fro.	m. The	
Line of Section 3To	wnship 158 Range	33 E , NMPM,	Les County	
	AND MARKED AT CA	s	•	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which upp	proved copy of this form is to be sent)	
Service Pipe Line	Company amoco Tepelinco	Bex 337 - Midland,		
Name of Authorized Transporter of Co	singhead Gas or Dry (das	Address (Give address to which app	proved copy of this form is to be sent)	
Amerada Petroleum	Corp. Unit Sec. Twp. Rge.	KORMOTT RESE KORFO	- Tatum, New Mexico	
If well produces oil or liquids, give location of tanks.	C 3 158 338	Yes		
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper.	Plug Back Same Resty. Diff. Resty	
Designate Type of Completi				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Connection	1.00 0.11, 0.11		
Perforations			Depth Casing Shoe	
	TUDING CASING AND	CEMENTING RECORD		
1101 5 5175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & LESING CITE			
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allou	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas		
Date First New Oil Run To Tanks	Date of Test	Producing Method (r tow, panty, ga.		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Gas - MCF	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas Mor	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Tubing Pressure	Casing Pressure	Choke Size	
Testing Method (pitot, back pr.)	I dould Liesagne			
. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION	
		APPROVED	1)[[]19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED 119		
above is true and complete to t	he best of my knowledge and belief.	BY		
		TITLE		
0		This form is to be filed	in compliance with RULE 1104.	
B. J. L	~~	If this is a request for a	llowable for a newly drilled or deepene	
(Signature)		well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.		

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.