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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND HOBBBS OFFICE O. G. O.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
Nov 30 3 38 PM '66

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

I. Operator **Amerada Petroleum Corporation**  
Address **P.O. Box 668 - Hobbs, New Mexico**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐ **To change name from State of New Mexico**  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ **"AQ" #1 off. 12-1-66. Ref. NMOC Order**  
**No. R-3143.**  
If change of ownership give name and address of previous owner **Texaco, Inc. - Box 728, Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **State S "N" Unit** Lease No. **B-9380** Well No. **13** Pool Name, including Formation **Saunders Permo - Penn.** Kind of Lease **State**  
Location  
Unit Letter **F** ; **2271** Feet From The **North** Line and **1980** Feet From The **West**  
Line of Section **3** Township **15S** Range **33E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
**Texas-New Mexico Pipe Line Company** **Box 1510 - Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
**Warren Petroleum Corp.** **Box 1589 - Tulsa 2, Oklahoma**  
**Amerada Petroleum Corp.** **Roswell Star Route - Tatum, New Mexico**  
If well produces oil or liquids, give location of tanks. Unit **F** Sec. **3** Twp. **15S** Rge. **33E** Is gas actually connected? **Yes** 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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	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-MCF/D 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.  
**B. D. Ling**  
(Signature)  
**District Superintendent**  
(Title)  
**November 29, 1966**  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL FILED COPY**  
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.

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