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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

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

Operator	Morris R. Antweil		
Address	Box 2010, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Change in Transporter of:		Other (Please explain)
New Well <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Effective 1 Jan. 69
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>			

If change of ownership give name and address of previous owner Humble Oil and Refining Company Box 2100, Hobbs, N. M.

Lease Name		Well No.	Pool Name, Including Formation		Kind of Lease	Lease No.
New Mexico "BB" State		1	Kemnitz Lower Wolfcamp		State, Federal or Fee State	E-10069
Location						
Unit Letter	E	1980	Feet From The	North	Line and	660
			Feet From The	West		
Line of Section	22	Township	16S	Range	34E	NMPM, Lea County

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)			
Shell Pipeline Company			Box 2648-Houston, Texas			
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)			
Phillips Petroleum Company			Room B2, Phillips Bldg., Odessa, Tex.			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	22	16S	34E	Yes	Unknown

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

COMPLETION DATA								
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
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		

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 (shut-in)	Casing Pressure (shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
Agent <u>R M Williams</u> (Signature)		BY <u>Joe A. Ramsey</u>	
(Title)		TITLE _____	
2 Jan 69 (Date)		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.	