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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

CORRECTED COPY
Change in Transporter of oil and casinghead gas

| | | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------|--|
| Operator Amerada Petroleum Corporation | | EFFECTIVE JULY 1, 1969 | |
| Address P. O. Box 668 - Hobbs, New Mexico | | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: | Request 7500 bbl. testing allowable for April, 1969 | |
| Recompletion <input checked="" type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | | |
| Change in Ownership <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 S. B. Rose | Well No. 1 | Pool Name, Including Formation Undesignated - Abo | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 35 Township 16S Range 38E , 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"/> Service Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) Box 337, Midland, Texas | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Amerada Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) Box 668, Hobbs, New Mexico | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 35 | Twp. 16S | Rge. 38E |
| Is gas actually connected? | | When | | |
| No | | | | |

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 | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth 12,607' | | P.B.T.D. 10,000' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3705' DF | Name of Producing Formation Abo | | Top Oil/Gas Pay 9180' | | Tubing Depth | | | |
| Perforations 9180' to 9190' | | | | | Depth Casing Shoe 12,596' | | | |
| 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)

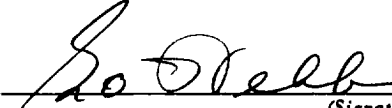
| | | | |
|----------------------------------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks March 29, 1969 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

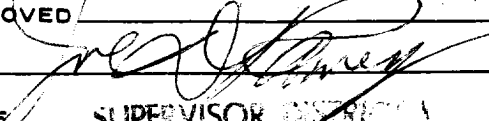
| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

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)
District Superintendent
(Title)
April 8, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE **SUPERVISOR**

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.