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TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65
U.S.G.S. LAND OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
TRANSPORTER OIL			
GAS OPERATOR			
PRORATION OFFICE			
Operator APCO Oil Coi	poration		
	Bldg., Oklahoma City	, Oklahoma 73102	
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion:		y Gas	
Change in Ownership If change of ownership give name and address of previous owner	Casinghead Gas 🔼 Co	indensate	
DESCRIPTION OF WELL AND	I FASE		
Lease Name Linam A Com.	Lease No. Well No. Poo	l Name, Including Formation umont Queen	Kind of Lease State, Federal or Fee Fee
Location		0-	The set
Unit Letter J; 19	80 Feet From The South	Line and 1980 Feet From	
Line of Section 32	wnship 185	37E , NMPM, Lea	County
	TER OF OH AND NATION	CAS	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
Name of Authorized Transporter of Co	rsinghead Gas 🗶 or Dry Gas 🗔		proved copy of this form is to be sent)
Warren Petroleum Co.		P. 0. Box 1589, Tul	sa, Oklahoma When As soon as approval of
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age	. Is gas actually connected?	Form C-104 is received
If this production is commingled w	ith that from any other lease or p	ool, give commingling order number:	
Designate Type of Complete	on - (X) Gas We	ell New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Date Spudded 5-15-55	Date Compl. Ready to Prod. 6-25-55	Total Depth 4,000'	P.B.T.D. 3998 '
Elevations (DF, RKB, RT, GR, etc.) DF 3717	Name of Producing Formation Queen	Top Oil/Gas Pay 600'	Tubing Depth '
Perforations 2630 2656-36	68', 3740-3764', 3832-	·38421	Depth Casing Shoe
3010-3030 , 3070-30		AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
4	8-5/8"	1455'	400
7-7/8"	5-1/2"	4002'	400
	2-3/0	3710	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must	t be after recovery of total volume of load his depth or be for full 24 hours)	oil and must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	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
. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
I hereby certify that the rules an	d regulations of the Oil Conserva	ation APPROVED	, 19
Commission have been complied	l with and that the information g the best of my knowledge and be	iven	/ Mull

VI

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1/6 2000/01	ans
m V Gnodernege	(Signature

Assistant Manager Production Division

(Title)

(Date)

January 6, 1969

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.

This form is to be filed in compliance with RULE 1104.

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.