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LAND OFFICE		
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

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I. Operator
Amerada Petroleum Corporation
Address
P.O. Box 668 - Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Permission is hereby requested to produce this well, completed in the Monument - Grayburg Pool, into common storage with wells on the same lease currently pratered in the Hamant Pool.
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name **M. E. Gaither** Lease No. **1** Well No. **1** Pool Name, including Formation **Monument - Grayburg** Kind of Lease **Fee**
Location
Unit Letter **I** ; **660** Feet From The **East** Line and **1980** Feet From The **South**
Line of Section **34** Township **19S** Range **36E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Northern Natural Gas Co. Address (Give address to which approved copy of this form is to be sent)
Hobbs, New Mexico
Warren Petroleum Corporation **LP Gas** **Monument, New Mexico**
If well produces oil or liquids, give location of tanks. Unit **I** Sec. **34** Twp. **19S** Rge. **36E** Is gas actually connected? **Yes** When _____

If this production is commingled with that from any other lease or pool, give commingling order number: **Verbal approval was**
IV. COMPLETION DATA **given by Mr. R.F. Montgomery to Amerada's Mr. D.C. Capps**

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 (pilot, 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.
D.C. Capps
(Signature)
District Superintendent
(Title)
February 4, 1966
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **Jack Ramsey**
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.