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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

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 <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input 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 **State WE "I-32"** Well No. **2** Pool Name, Including Formation **Wildcat (Osudo Area)** Kind of Lease **State**

Location
Unit Letter **0** ; **560** Feet From The **South** Line and **1980** Feet From The **East**
Line of Section **32** , Township **20S** Range **36E** , 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| McWood Corporation | 2003 Wilco Bldg., Midland, Texas |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| None | |

| | | | | | | |
|---|---------------|----------------|-----------------|-----------------|---|------|
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 32 | Twp. 20S | Rge. 36E | Is gas actually connected? No | 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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 2-22-65 | Date Compl. Ready to Prod. 5-21-65 | | Total Depth 11,675' | | P.B.T.D. 10,208' | | | |
| Pool Wildcat (Osudo Area) | Name of Producing Formation Wolfcamp | | Top Oil/Gas Pay 10,121' | | Tubing Depth 10,202' | | | |
| Perforations Ten holes - 10,121' to 10,201' | | | | | Depth Casing Shoe 11,672' | | | |

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|----------------|----------------------|----------------|--------------|
| 17-1/2" | 13-3/8" | 299' | 376 |
| 11" | 8-5/8" | 5,460' | 850 |
| 7-7/8" | 5-1/2" | 10,942' | 600 |
| 4-5/8" | 4" Liner | 11,672' | 65 |

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 May 21, 1965 | Date of Test 5-26-65 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 Hrs. | Tubing Pressure 1040# | Casing Pressure | Choke Size 13/64" |
| Actual Prod. During Test 318.75 Bbls. | Oil - Bbls. 318.75 bbls. | Water - Bbls. None | Gas - MCF 265.82 292.34 |

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.

D. C. Campbell
(Signature)
District Superintendent
(Title)
May 26, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 Sections I, II, III, and VI only 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.