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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE HOBBS OFFICE O. C. T.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 10 8 12 AM '67

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

I. OPERATOR

Operator
Amerada Petroleum Corporation

Address
P.O. Box 668 - Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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 V. Laughlin	Well No. 4	Pool Name, Including Formation Monument Tubb	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East				
Line of Section 9 Township 20-S Range 37-E , NMPM, Lee 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)			
Shell Pipe Line Company	P.O. 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)			
Warren Petroleum Corporation	P.O. Box 1589 - Tulsa 2, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 9	Twp. 20S	Rge. 37E
				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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded November 14, 1966	Date Compl. Ready to Prod. December 31, 1966	Total Depth 6809'	P.B.T.D. 6743'					
Elevations (DF, RKB, RT, GR, etc.) 3553' DF	Name of Producing Formation Tubb	Top Oil/Gas Pay 6352'	Tubing Depth 6405'					
Perforations 6420' to 6678' Selectively with 25 shots.			Depth Casing Shoe 6807'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	10-3/4" & 9-5/8"	1208'	600 sz.					
8-3/4"	5-1/2"	6807'	1100 sz.					

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 December 31, 1966	Date of Test January 12, 1967	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 48 Bbls. fluid	Oil - Bbls. 33 Bbls.	Water - Bbls. 15 Bbls.	Gas - MCF 47.38

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

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.

B. J. Ling
(Signature)
District Superintendent
(Title)
January 13, 1967
(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 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.