

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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

Operator American Trading and Production Corporation	
Address P. O. Drawer 992, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☒
Change in Ownership ☐	Casinghead Gas ☒ Condensate ☒

If change of ownership give name
and address of previous owner

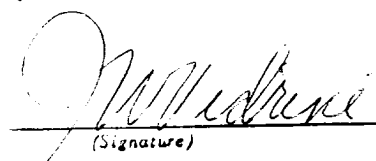
I. DESCRIPTION OF WELL AND LEASE				
Lease Name Southeast Lea Unit	Well No. 1	Pool Name, including Formation Southeast Lea-Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. OG 3825
Location				
Unit Letter J	1980	Feet From The East	Line and 1980	Feet From The South
Line of Section 26	Township 20-S	Range 35-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
Crown-Central Pipeline Company	1010 Bank of the Southwest Bldg. Houston, Texas					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Csghd. - Sharp Drilling Co.	P.O. Box 1271, Midland, Texas 79701					
Dry Gas-Llano, Inc.	P.O. Box 2215, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 26	Twp. 20S	Rge. 35E	Is gas actually connected? Yes	When May 15, 1968

If this production is commingled with that from any other lease or pool, give commingling order number: Loco No. 17

IV. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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-MMCF
GAS WELL			
Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, jack 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.	
	
District Engineer	(Title)
August 19, 1968	(Date)

OIL CONSERVATION COMMISSION	
AUG 22 1968	
APPROVED	BY Leslie A. Clements
TITLE	
This form is to be filed in compliance with RULE 1004.	
If this is a request for allowable for a new well, or a reopened well, this form must be accompanied by a test showing the deviation tests taken on the well in accordance with RULE 1004.	
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 V for changes in 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	