NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER 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

I. Operator: American Trading and Production Corporation

Address: P. O. Drawer 992, Midland, Texas 79701

Reason(s) for filing *(Check proper box)*: New Well [ ]; Recompletion [ ]; Change in Ownership [ ]; Change in Transporter of: Oil [ ], Dry Gas [X], Casinghead Gas [X], Condensate [X]; Other *(Please explain)*:

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Southeast Lea Unit	1	Southeast Lea-Wolfcamp	State, Federal or Fee State	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 [X]: Crown-Central Pipeline Company
Address *(Give address to which approved copy of this form is to be sent)*: 1010 Bank of the Southwest Bldg.Houston,Texas

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [X]: Csghd. - Sharp Drilling Co.
Dry Gas-Llano, Inc.
Address *(Give address to which approved copy of this form is to be sent)*: P.O.Box 1271,Midland,Texas 79701
P.O.Box 2215,Hobbs, New Mexico 88240 77002

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	26	20S	35E	Yes	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 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 *(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)*

OIL WELL

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 *(pitot, back 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.

W. Medrano
(Signature)

District Engr.
(Title)

August 19, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 22 1968, 19__

BY Leslie A. Clements

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