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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
5 11 66

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)	Other (Please explain)
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 _____

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Southeast Lea Unit	Well No. 1	Pool Name, Including Formation Southeast Lea-Devonian	Kind of Lease State, Federal or Fee	State OG 3825
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>East</u> Line and <u>1930</u> Feet From The <u>South</u> Line of Section <u>26</u> Township <u>20-S</u> Range <u>35-E</u> , NMPM, <u>Lee</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Crown-Central Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 1010 Bank of the Southwest Building HOUSTON, TEXAS 77002					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Is well produces oil or liquids, give location of tanks.	Unit J	Sec. 26	Twp. 20S	Rge. 35E	Is gas actually connected? No	When

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'tv. Dril.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Prod. T.D.		
Elevation (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 flow 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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
<u>J. W. Udell</u> (Signature)		BY <u>Leslie H. Clements</u>	
District <u>neer</u> (Title)		TITLE _____	
<u>August 15, 1968</u> (Date)		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 V for changes of owner, well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multiply	