DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER   OIL   GAS OPERATOR PRORATION OFFICE	AUTHORIZATIO	REQUEST	ONSERVATI FOR ALLO AND ANSPORT O	WABLE	Oct 29	7	Form C-104 Supersedes Old Effective 1-1-65		
Amerada Petrol	eum Corporation								
P. 0. Box 668,	Hobbs, New Mexico								
Reason(s) for filing Check proper tiew Well itecongletics. Than se in swhership	Ohange in Transporter Oi:	r of: Dry Ga Conder	To ex		e name i		Turner Jr		
If change of ownership give name and address of previous owner									
DESCRIPTION OF WELL AN	D LEASE								
Lease Name  Warren McKee Uni Location	Well:		me, Including Warren			Kind of State, F	Lease ederal or Fee	Fee	
i .	1980 Feet From The No	orth Lin	e and66	60	_ Feet From	n TheW	est		
17	Township 20-S	Range	38 <b>–</b> E	, NMPM,		I	.69.	County	
	NAME OF OUR AND MAIL	TIDAL CA	. c						
Name of Authorized Transporter of	Oil 🔼 or Condensate		Address (Git				f this form is to	be sent)	
Texas-New Mexico P	ipe Line Co. Casinghead Gas . or Dry	Gas 🔲	Box 1	ye address t	illand, 1	oved copy o	f this form is to	be sent)	
Warren Petroleum C Amerada Petroleum	Name of Authorized Transporter of Casinghead Gas a or Dry Gas Warren Petroleum Corp.  Amerada Petroleum Corp.			Address (Give address to which approved copy of this form is to be sent)  Box 67, Monument, New Mexico  Drawer "D", Monument, New Mexico  Is gas actually connected?  When					
If well produces oil or liquid: , give location of tanks.	Uni: Sec. Twp. <b>E</b> 17 205	Rge. 38E	_	ry comieste Yes	ru ; •	nier.			
If this production is commingled	with that from any other lea	se or pool,	give commin	gling order	number:				
Designate Type of Comple	C:1 Well	Gas Well	New Well	Workover	Deepen	Plug Ba	ck   Same Res!	v. Diff. Restv.	
Designate Type of Comple	Date Compl. Ready to Pro-	d.	Total Depth			P.B.T.D	),	1	
Date opadada		Date Compil ready to 1 tour							
Pool	Name of Producing Format	Top Oil/Gas Pay			Tubing I	Tubing Depth			
Perforations	***************************************				<del>-</del>	Depth C	asing Shee	<del></del>	
	TUBING, CA	ASING, AND	CEMENTIN	IG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
						_			
TEST DATA AND REQUEST	FOR ALLOWABLE (Te	st must be a	ter recovery a	of total volv	ne of load o	land must b	e equal to or ex	eeed top allow	
OIL WELL  Date First New Oil Run To Tanks	Date of Test	le for this de	pth or be for f	ull 24 hours	<i>)</i>				
1					. , . 4				
Length of Test	Tubirg Pressure		Casing Pres	sure		Cheke 3	f <b>a</b> 6		
Actual Pred. During Test	Oil-Bals,		Water - Abls.	<del></del>		Gas • MC	F		
				<del></del>	<del></del>	<del> </del>			
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Conde	nsate/MMCI		Gravity	of Condensate	Company of the second of the s	
				<del></del>					
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pres	sure		Choke S	ize		
CERTIFICATE OF COMPLIA	ANCE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OILC	-		OMMISSION		
I hereby certify that the rules as	nd regulations of the Oil Co	nservation	APPROV	ED	<del>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </del>		, 1	9	
Commission have been complie above is true and complete to	u with and that the informa the best of my knowledge s	and belief.	<b>5</b> Y	The state of the s					
			TITLE _						
Man. As	Decappe						e with RULE		
(Signature)			well, this	form must	be accomp	anied by a	a newly drilled tabulation of th RULE 111.	or deepened the deviation	
District Super	intendent (Title)		All s	ections of	this form n	nust be fille	ed out complet	ely for allow-	
October 22	•		Fill	out Sectio	completed v ns I, II, II , or transpo	I, and VI	only for changer such change	es of owner, of condition.	

able 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