

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

0:729 7 38 AM '65

PRORATION OFFICE

AMERADA PETROLEUM CORPORATION

P. O. Box 668 - Hobbs, New Mexico

Reasons for filing (check proper box)

Change in name of registrant ☐ Other (Please explain)

To change name from F. Turner Jr. "A" #9

eff. 11-1-65. Ref. NMOCC Order No.

R-2971

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				Well No.	Pool Name, Including Formation	Kind of Lease	Fee	
Lease Name						State, Federal or Free		
Warren McKee Unit				119	Warren McKee			
Location								
Unit Letter	J	1980	Feet From The	South	Lease Unit	1880	Feet From The	East
State or Section	18	Township	20-S	Range	38-E	1980	County	Lea

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 Co.		Box 1598, Hobbs, New Mexico		
Name of Authorized Transporter of 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 Amerada Petroleum Corporation		Box 67, Monument, New Mexico Drawer "D", Monument, New Mexico		
If well produces oil or liquid gas	Unit	Sec.	Twp.	Rge.
give location of URS.	I	18	20S	38E
Is gas actually connected?		When		
Yes				

If this production is commingled with that from any other lease or pool, give commingling order number:

	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Designate Type of Completion - (X)								
Date Spudded			Date Compl. Ready to Prod.	Total Depth	R.P.T.D.			
Pool	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 from 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		GRAVITY OF CONDENSATE	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

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 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 completed wells.

October 22, 1965