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U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
NAME AND ADDRESS OF OPERATOR
AMERADA PETROLEUM CORP.
TO AML...
OFFICE...

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

OCT 29 7 38 AM '65

I. **Amerada Petroleum Corporation**
Address **P. O. Box 668 - Hobbs, New Mexico**
Reason for filing (Check proper box)
Other (Please explain)
To change name from F. Turner Jr. "A" #7 off. 11-1-65. Ref. NMOCC Order No. R-2971

DESCRIPTION OF WELL AND LEASE
Well No. **117** Well Name, Including Permission **Warren McKee** Kind of Lease **Fee**
Location **Warren McKee Unit**
Section **18** Township **20S** Range **38E** North Line **660** East
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)
Shell Pipe Line Co. **Box 1598, Hobbs, New Mexico**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp. **Box 67, Monument, New Mexico**
Amerada Petroleum Corp. **Drawer "D", Monument, New Mexico**
Is well producing oil or liquid gas? **I** **18** **20S** **38E** Is gas actually produced? **Yes**

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

IV. COMPLETION DATA

Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'tv. ☐ Diff. Res'tv. ☐
Date Spudded ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ P.B.T.D. ☐
Name of Producing Formation ☐ Top Oil/Gas Pay ☐ Casing 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-MCF ☐

GAS WELL

Actual Prod. Test-MCF/D ☐ Length of Test ☐ Bbls. Condensate/MMCF ☐ 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.

D. C. Campbell
(Signature)

District Superintendent
(Title)

October 22, 1965
(Date)

OIL CONSERVATION COMMISSION

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 watered wells.