

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 8 1 34 PM '67

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

I.

Operator Amerada Petroleum Corporation	
Address P.O. Box 668 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) HAVE CHANGED ADDRESS TO AMERADA EFFECTIVE 1-1-67	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fred Turner Jr. "A"	Well No. 14	Pool Name, including Formation Skaggs	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I ; 2080 Feet From The South Line and 585 Feet From The East Line of Section 18 Township 20S Range 38E Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1598 - Hobbs, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 18	Twp. 20S	Rge. 38E
				Is gas actually connected? Yes When 1-1-67

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded November 6, 1966	Date Compl. Ready to Prod. January 1, 1967	Total Depth 4012'		F.B.T.D. 3978'				
Elevations (DF, RKB, RT, GR, etc.) 3568' DF	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3800'		Tubing Depth 3945'				
Perforations 3800'-3808', 3820'-3830', 3866'-3869', 3874'-3884', 3892'-3904', 3918'-3930' & 3942'-3960'				Depth Casing Shoe 4012'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		468'		300 sx.			
7-7/8" & 7-3/4"	4-1/2"		4012'		440 sx.			
	2-3/8"		3945'					

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 January 1, 1967	Date of Test January 2, 1967	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 100 bbls. fluid	Oil-Bbls. 56 bbls.	Water-Bbls. 44 bbls.	Gas-MCF 72.7

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.

District Superintendent
(Title)
January 3, 1967
(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 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 completed wells.