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

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST HOR ALLOWARLE. C. C. AND

Form C-104 Supersedes Old C-104 and C-110

AUTHORIZATION TO TRANSPORTER   GAS		U.S.G.S.	AUTHORIZATION TO TRA	NSPORTION, ANDMANDARD DATE	245			
OPERATION OFFICE   Committee		LAND OFFICE	TO THORIZE TO THE	age, bar, Middinal "P.B.,	343			
PROPERTION   PROPERTION OFFICE		TRANSPORTER						
Department   Americal Petrolous Corporation   Control		<del></del>						
Americal Petroleum Corporation  Americal Petroleum Corporation  Americal Petroleum Corporation  Americal Petroleum Corporation  Petroleum College			<del>-</del>					
Americal Petroleum Corporation  Resunction for filing (Cacet proper box)    Conce in Transporter of Candens in Transporter	1.	<u></u>	<del></del>	OPR				
P.O. Bax 668 - Hobbs, New Mexico		Amerada Petrole	eum Corporation					
Research   In   In   Change is Transporter of:   Change is C		Address						
Second Company   Continue   Con				Other (Please explain)				
Consequence		· —			classified from an			
Consequence		Recompletion	Oil Dry Go	s oil well to a gas	well.			
and address of previous owner    II. DESCRIPTION OF WELL AND LEASE.   Well No. For. Name, Including Formula.   Kind of Lease   Lease No.		Change in Ownership	Casinghead Gas Conde	nsate	-			
Leave Name   State D **C**   1   Blinebry Gas   State, Federal of Fee   B-1040		and address of previous owner						
Line of Section 19 Township 218 Parse 37E NUFFM Line on Section 19 Township 218 Parse 37E NUFFM Line of Section 19 Township 218 Parse 37E NUFFM Line of County    III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Nurse of Authorised Transporter of Coil Ed or Condensate   Address of which approved copy of this form is to be sent)    Texas-New Mexico Pipe Line Co.	11.		Well No. Pool Name, Including F	ormation: Kind of Lease	e Lease No.			
Unit Letter F 1980 Feet From The North Line and 1876.1 Feet From The West  Line of Section 19 Township 218 Range 37E NEW Lette County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  None of Authorized Transporter of Oil Early Co. P.O. Box 1510, Hidland Transporter of Oil Early Co. P.O. Box 1510, Hidland Transporter of Oranged Composition of the Skelly Oil Company  If well produces oil or liquids. F 19 218 37E None of Address to which approved copy of his form is to be sent)  P.O. Box 1135, RunLos, New MaxLoo  If this production is commingled with that from any other lesse or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Dete Compl. Ready to Prod.  Total Desth.  Elevations (DF, RKB, RT, GF, etc.)  Name of Producing Formation  Total Desth.  Tubing Casing a Tubing Size  CASING a Tubing Size  OEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  (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 28 loars)  Length of Test  Note: Preducing Method (Flow, pump, gas life, etc.)  V. TEST DATA AND REQUEST FOR ALLOWABLE  (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 28 loars)  Completion Desth.  Date First New Cil Run To Tanks  Date of Test  Casing Pressure  Choke Size  Actual Prod. During Test  Oil Bile.  Water Balls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bals. Condensate/AbsCF  Grevity of Condensate			1 Blinebry Ga	State, Federa	d or Fee <b>B-1040</b>			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil   Or Condensate   Address found to Authorized Transporter of Oil   Or Condensate   P.O. Box 1510, Midland, Texas   Name of Authorized Transporter of Oil   Or Condensate   P.O. Box 1510, Midland, Texas   Name of Authorized Transporter of Oransphard Gas   Or Day Gas   P.O. Box 1510, Midland, Texas   Skelly Oil Company   P.O. Box 1535, Bunice, New Maxico   P.O. Box 1135, Bunice, New Maxico			80	1876.1	mest .			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil		om Letter,	<del></del>	27 F	_			
New of Authorized Transporter of Oil Sur of Condensate   Address (fits address to which approved copy of this form is to be sent)   Texas—New Mexico Pipe Idne Co.   P.O. Box 1510, Milland, Texas		Line of Section 17 To	ownship 213 Range	J/E , NMPM,	County			
Texas—New Marcleo Pipe Line Co.  Name of Authorized Transporter of Casinghead Gas or Dry Gas Siche Authorized Transporter of Casinghead Gas or Dry Gas Siche Authorized Transporter of Casinghead Gas or Dry Gas Siche Authorized Transporter of Casinghead Gas or Dry Gas Siche Authorized Transporter of Casinghead Gas or Dry Gas Siche Authorized Transporter of Casinghead Gas or Dry Gas Siche Authorized Transporter of Casinghead Gas or Dry Gas Siche Authorized Transporter Of Casinghead Gas Or Dry Gas Well Now Well Workever Deepen Plug Back Same Resty. Diff. Resty.  Designate Type of Completion — (X)  Date Spudded Date Casing Ready to Prod. Total Depth P.B.T.D.  Elevations (DF, RKB, RT, GF, etc., Name of Producing Formation Total Depth Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Mented (Flow, pump, gas life, etc.)  V. Test DATA AND REQUEST FOR ALLOWABLE (Casing Pressure Chair Pressure C	III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	is				
Name of Authorized Transporter of Casinghead Gas								
It well produces oil or liquids, give location of tanks.  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)  Date Spudded  Date Compl. Ready to Prod.  Elevations (DF, RKB, RT, GF, etc.)  Name of Producing Formation  Top Oil, Jas Pay  Tubing Depth  Tubing Depth  Tubing CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Chicke Size  Actual Prod. During Test  Carotty of Condensate  Ment Visit is a part and the production of Condensate  Discontinuation of Condensate  Carotty of Condensate		Name of Authorized Transporter of Co	-	Address Give address to which appro	ved copy of this form is to be sent)			
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Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc.,)  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL, WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Gas -MCF			F 19 21S 37E					
Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Spu			with that from any other lease or pool,	give commingling order number:				
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Elevations (DF, RKB, RT, GF, etc.) Name of Producing Formation Popularians Popularians Depth Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE (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				Total Death	PRTD			
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Oll WELL  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  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate								
Oll WELL  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  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate					1			
Oll WELL  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  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate								
Date First New Oil Run To Tanks  Date of Test  Casing 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. Candensate/MMCF  Gravity of Condensate	V.		FOR ALLOWABLE (Test must be a shie for this d	fter recovery of total volume of load oil	and must be equal to or exceed top allow-			
Actual Prod. During Test Oil-Bbls. Water-Bbls.  GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate					ift, etc.)			
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GAS WELL  Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate		Length of Test	Tubing Pressure	Cosing Pressure	Choke Size			
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Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate				<u>i</u>				
		GAS WELL						
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size		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			

TITLE

## 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.

The state of the	:	
5. J. imy		
(Signature)	1	
District Superintendent	il.	

(Title)

(Date)

December 12, 1966

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.

OIL CONSERVATION COMMISSION

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.