

TEXAS OIL AND GAS COMMISSION

Room
Supervisor - Oil Conservation
Executive Office

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REVENUE OFFICE
OIL
GAS
REVENUE
OIL
GAS
REVENUE
OIL
GAS

American Production Company

1000 Commerce Building, Fort Worth, Texas 76102

(Address of well or pool proper box)

Name of Well

Change in Transport Price

(Enter Please explain)

Change of lease name from:

Name of Well

Oil _____ Gas _____

L. G. Warlick to L. G. Warlick B

Gasoline and Gas _____ Petroleum _____

Name of Well or pool give name

and address of new owner Amerada Hess Corporation, Box 591, Midland, Texas 79701

WELL NUMBER AND LOCATION

Well No. Pool No. Other Well Number

Kind of Lease

Lease No.

L. G. Warlick "B"

1 Penrose Shelly Grayburg

State, Federal or Free Fee

Location

Date of Test

Fee From The RODEO Line and

Ft. From The east

Block

Township

Range

Sec.

Line

Sect.

WELL TESTS AND TRANSPORTATION OF OIL AND NATURAL GAS

Name of Well or pool transported Oil or Condensate

Acreage of surface to which approved caps of this well will be vented

Wells Name Mexico Pipe Line Co.

Box 1510, Midland, Texas 79701

Name of Well or pool transporter of Gas, Natural Gas or Oil Gas

Acreage of surface to which approved caps of this well will be vented

Name of Well or pool

Box 1352, Midland, Texas 79701

Address, location or inquiry,

Unit

Sec.

Twp.

Range

Acreage of surface to which approved caps of this well will be vented

Date of Test

Year

Date of Completion

Oil Well Casing Well New Well Recovery Deepen Production

Production (Surface) T.H. (H.P.)

Description Type of Completion (X)

Date of Test

Date Comp. Ready to Prod.

Total Depth

P.S.I.D.

Elevation (ft.), AHD, RT, GR, etc.,

Name of Producing Formation

Top Oil His Day

Tubing Depth

Perforations

Depth of Casing Shear

TUBING, CASING, AND CEMENT RECORD

TUBING SIZE	CASING & TUBING SIZE	DEPTH SET	SACAGAWEA

V. WELL TEST AND REQUEST FOR ALLOWABLE

Test must be after recovery of total volume of load on and must be equal to or exceed 10,000 cu. ft. for this test or 60,000 cu. ft. hours.

Date first run on Run No. Tanks

Date of Test

Flowmeter, meter, flow, pump, gas lift, etc.

Length of Test

Testing Pressure

Casing Pressure

Choke Size

Actual Pressure Test

C.I. B.P.S.

Water-Dust

Gall-MCF

Actual pressure Test-MCF/D

Length of Test

Bbls. Crankcase/MMCF

Gravity of Condensate

Testing, water, vapor, back pressure

Testing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

VI. CERTIFICATION OF COMPLIANCE

OIL CONSERVATION COMMISSION

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 _____
BY _____
Orig. Signed by
John R. Sullivan
Geologist

L. G. Warlick
(Signature)

Recorded by Records Manager

(Title)

November 2, 1972

(Date)

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 1111.

All sections of this form must be filled out completely for allowable in new and recompleted wells.

Fill out only Sections I, II, III, and VI for change 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.