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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FEB 26 1965
OIL CONSERVATION COMMISSION
Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
The British-American Oil Producing Company
Address
P. O. Box 474 Midland, Texas
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **New Mexico State "G"** Well No. **2** Pool Name, Including Formation **Ouido (Wolfcamp)** Kind of Lease **State**
Location
Unit Letter **F** Lot **6** 1980 Feet From The **West** Line and **1902** Feet From The **North**
Line of Section **4**, Township **21-S** Range **35-E**, NMPM, **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"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 330, Abilene, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 725 Gulf Building Midland, Texas
If well produces oil or liquids, give location of tanks.	Unit F Sec. 4 Twp. 21-S Rge. 35-E Is gas actually connected? Yes When 2-23-65

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 12-28-64	Date Compl. Ready to Prod. 2-20-65	Total Depth 10,817'	P.B.T.D. 10,351'					
Pool Ouido	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,190	Tubing Depth 10,230					
Perforations 10,268-10,278	Depth Casing Shoe 10,418							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8"	366	350
12-1/4"	9-5/8"	5298	1270
8-3/4"	5-1/2"	10418	395
	2-7/8"	10230	Tubing

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 2-20-65	Date of Test 2-22-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hour	Tubing Pressure 2125	Casing Pressure Packer	Choke Size 12/64"
Actual Prod. During Test 287 BF	Oil-Bbls. 287	Water-Bbls. 0	Gas-MCF 525

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.

M.C. Stinson Jr.
(Signature)
Field Superintendent
(Title)
February 24, 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 completed wells.