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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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NEW MEXICO OIL CONSERVATION COMMISSION.
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
AUG 10 11 52 AM '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 ☒ 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 State WE "K"	Well No. 1	Pool Name, including Formation Wildcat South Osado Wolfcamp Gas R-34H	Kind of Lease State, Federal or Fee State	Lease No. 00-534
Location Unit Letter F ; 1980 Feet From The West Line and 1980 Feet From The North Line of Section 15 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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 791, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 15	Twp. 21S	Rge. 35E	Is gas actually connected? No	When

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'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded January 10, 1967	Date Compl. Ready to Prod. May 23, 1967		Total Depth 12,610'		P.B.T.D. 12,486'			
Elevations (DF, RKB, RT, GR, etc.) 3615' DF	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,899'		Tubing Depth 10,827'			
Perforations 10,899' to 10,903', 10,906' to 10,921', 10,928' to 10,936', 10,938' to 10,943' & 10,946' to 10,951'					Depth Casing Shoe 12,605'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		321'		400 sz.			
12-1/4"	9-5/8"		5,350'		840 sz.			
8-3/4"	7"		11,370'		600 sz.			
6"	5" Liner		12,605'		130 sz.			

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 626	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 48	Gravity of Condensate 47.5
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure (Shut-in) 2500	Casing Pressure (Shut-in) 850#	Choke Size 24/64"

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.

B. D. Liny
(Signature)

District Superintendent
(Title)

August 9, 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.