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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND HOBBS OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JAN 13 11 19 AM '67

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

Operator	Amerada Petroleum Corporation		
Address	P.O. Box 668 - Hobbs, New Mexico		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	To change well name from H. Corrigan	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Well #4 to H. Corrigan Tubb Gas Unit	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Well #4 effective 1-1-67.	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
H. Corrigan Tubb Gas Unit	4	Tubb Gas	State, Federal or Fee Fee	
Location				
Unit Letter	660	Feet From The	North	Line and
				660
				Feet From The
				East
Line of Section	4	Township	22S	Range
				37E
				, NMPM,
				Lea
				County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Shell Pipe Line Company	P.O. Box 2648, Houston, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Northern Natural Gas Company	Hobbs, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	A	4	22S
			37E
			Is gas actually connected?
			Yes
			When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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. J. Ling  
(Signature)  
District Superintendent  
(Title)  
January 12, 1967  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 17 1967, 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.