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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator AMERICAN PETROFINA CO. OF TEXAS		
Address Box 1311, Big Spring, TX 79720		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Well is not on Common Ownership with other Edith Butler wells.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead 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 Edith Butler "A"	Well No. 1	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location M 660 South 660 West					
Unit Letter 18 ; Feet From The 22-S Line and 38-E Feet From The Lea County					
Line of Section 18 Township 22-S Range 38-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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipe Line Co.	Box 1510, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp.	Box 1589, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit M	Sec 18	Twp. 22-S	Range 38-E	Is gas actually connected? Yes	When May 2, 1974

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
10-13-32	3-22-74	Ready to Prod.	7072			7072		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3335 GR	Drinkard		6468		6610			
Perforations						Depth Casing Shoe		
Open Hole						6611		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-5/8"		303		300			
12-1/4"	9-5/8"		2,756		550			
8-3/4"	7"		6,611		500			

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 of Test 3-19-74	Oil Run To Tanks	Date of Test 3-24-74	Producing Method (Flow, pump, gas lift, etc.)
24 hrs	Tubing Pressure 150 psi	Casing Pressure Packer	Choke Size 22/64"
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. None	Gas - MCF 179.78

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

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.

J. C. Chapman
(Signature)
Assistant District Mgr. of Production
(Title)
May 6, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19_____
BY _____ Orig. Signed by
Joe D. Ramey
TITLE _____ Dist. 1, Supv.

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.