

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

DATE RECEIVED	
DEPARTMENT	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Century Production, Inc.

Address

c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner Great Basins Petroleum Co. P. O. Box 763, Hobbs, NM 88240

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Antebellum Unit	1	Antelope Ridge (Morrow)	State, Federal or Fee State	L-4333
Location				
Unit Letter	N	660 Feet From The	South Line and	1980 Feet From The
Line of Section	21	Township	23S	Range
			34E	NMPM, Lea County

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)	
Navajo Crude Oil Purchasing Company	P. O. Box 175, Artesia, NM 88210	
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)	
Colorado Interstate Gas Company	P. O. Box 1087, Colorado Springs, CO 80944	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	21
		23S
		34E
		Yea
		8/18/75

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, RAB, 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 (split, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Agent

(Title)

10/25/82

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 27 1982

ORIGINAL SIGNED BY

BY JERRY SEXTON

DISTRICT 1 SUPR.

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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED
OCT 26 1982
O.C.D.
HOBBS OFFICE

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Operator Great Basins Petroleum Company		
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Effective 11/1/75
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 checked="" type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Antebellum Unit	Well No. 1	Pool Name, including Formation Antelope Ridge (Morrow)	Kind of Lease State, Federal or Fee State	Lease No. L-4333
Location				
Unit Letter N	660	Feet From The South	Line and 1980	Feet From The West
Line of Section 21	Township 23 S	Range 34 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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	Box 175, Artesia, New Mexico 88210
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)
Colorado Interstate Gas Company	Box 749, Denver, Colorado 80201
If well produces oil or liquids, give location of tanks.	Unit N Sec. 21 Twp. 23S Rge. 34E
Is gas actually connected?	When 8/18/75

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 Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, R&B, 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			

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)

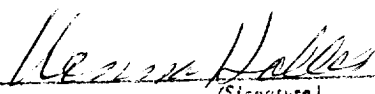
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	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.


(Signature)

Agent

(Title)

11/4/75

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 5 1975**, 19

BY 
TITLE **SUPERVISOR DISTRICT I**

This form is to be filed in compliance with RULE 1194.

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.

RECEIVED
NOV 5 1975
OIL CONSERVATION COMM.
HARRIS, H. M.

ON OFFICE

Reason(s) for filing (Check proper box)

How Well	<input type="checkbox"/>
Recommendation	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>

Please note correction of hole size below.

Change of ownership give name
and address of previous owner...

To delete American Fuels Corporation from Operating Name.

Lease No.	Well No.	Pool Name	Kind of Lease	Lease No.
Antebellum Unit	1	Antelope Ridge (Morrow)	State, Federal or Fee	L-4333
Location				
Unit Letter N	660	Section South	1980	Feet From The West
Line of Section 21	Township 23 S	Range 34 E	County Lea	County

Name of Authorized Transporter of Oil <input type="checkbox"/> to Condensate <input type="checkbox"/>		Date (month, day, year) which approved copy of this form is to be sent)	
None			
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> to Liquid <input type="checkbox"/>		Date (month, day, year) which approved copy of this form is to be sent)	
Colorado Interstate Gas Company		P. O. Box 749, Denver, Colorado 80201	
If well produces all or liquids, give location of tanks.	Unit	Sec.	When
		Yes	8/18/75

If this production is commingled with that from any other seed, a good report will be made to the seed numbers:

Designate Type of Completion - (A)		Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Completed Ready to Prod.	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tubing Depth			
Perforations		Depth Casing Shoe			
TUBING, CASING, AND CEMENT SIZES					
HOLE SIZE	CASING & TUBING SIZE	CEMENT SIZE			
26					
17 1/2					
12 1/4					
8 1/2					

Date First New Oil Run To Tanks	Date of Test	Oil Prod. (bbl)	Water Prod. (bbl)
Length of Test	Tubing Pressure	Oil Prod. (bbl)	Water Prod. (bbl)
Actual Prod. During Test	Oil Data	Oil Prod. (bbl)	Water Prod. (bbl)

Actual Prod. Test-MCF/D	Length of Test	Flow Rate (gpm) or (m³/d)	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (psia or barg)	Pressure Drop (psia or barg)	Choke Size

I hereby certify that the rules and regulations of the Federal Bureau of Investigation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Herminia Haller
(Signature)
Agent
(Title)
10/2/'
(Date)

RESERVATION COMMISSION

19.

Only the following
 have been
 confirmed.

This document is to be filed in compliance with RULE 1104.

and the cost must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

and sections of this form must be filled out completely for allow-
ance of new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, and Sections I, II, III, IV, V, and VI for other changes of conditions.