

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
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 Monsanto Oil Company	
Address 1300 One Midland National Center, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Name change from Monsanto Company to Monsanto Oil Company
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Back Basin Unit	Well No. 1	Pool Name, including Formation Antelope Ridge Atoka West (Gas)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 18306
Location Unit Letter I 1980 Feet From The South Line and 660 Feet From The east				
Line of Section 20 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)
Tesoro Crude Oil	Box 3483, Midland, Texas 79702
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. 80901
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
I 20 23 S 34 E	yes 12/23/81

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.
		X						
Date Spudded 10/27/80	Date Compl. Ready to Prod. 2/15/81	Total Depth 14,150	P.B.T.D. 13,155					
Elevations (DF, RKB, RT, CR, etc.) GL 3496	Name of Producing Formation Atoka	Top Oil/Gas Pay 12,620	Tubing Depth 11,967					
Perforations 12,620 - 12,841			Depth Casing Shoe 14,150					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	600	1015 sxs					
12 1/4"	13 3/8"	5125	3600 sxs					
7 7/8"	9 5/8"	12310	2725 sxs					

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 1140 CAOF	Length of Test 4	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 700	Casing Pressure (shut-in) PBR	Choke Size 18/64

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.

  
(Signature)  
Regional Production Manager  
(Title)  
August 31, 1982  
(Date)

OIL CONSERVATION COMMISSION

SEP 3 1982  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
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 Forms C-104 must be filed for each pool in multiply completed wells.

SEP 1 1982  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C.

RECEIVED  
SEP 2 1982  
F.B.I.  
HOLDS OFFICE