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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

II.

III.

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V.

VI.

Senior Petroleum Engineer

(Date)

March 11, 1965

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65			
SANTA FE FILE				
U.S.G.S.	ALITHODIZATION TO T	AND	CAS	
LAND OFFICE	AUTHORIZATION TO TI	RANSPORT OIL AND NATURAL	L GAS	
TRANSPORTER OIL		1.	•	
GAS		•		
OPERATOR			•	
PRORATION OFFICE Operator			·	
APCO OIL CORPOR	ation			
Address 020 Ithouts Box	de Britistina Welsham Old			
	k Building, Oklahoma Cit			
Reason(s) for filing (Check proper b	ox) Change in Transporter of:	Other (Please explain)		
Recompletion		Gas		
Change in Ownership	Casinghead Gas Con	densate		
f change of appropriate give name	Y			
f change of ownership give name .nd address of previous owner	Kenwood Oil Company,	Box 287, Tulsa, Oklaho	me.	
DESCRIPTION OF WELL AN	D Y EACE			
DESCRIPTION OF WELL AND Lease Name	Well No. Pool	Name, Including Formation	Kind of Lease State	
State		almat Yates	State, Federal or Fee	
	330	2310	21	
Unit Letter C	Feet From The N	ine and Feet Fra	om The E. Line of NW/ 4	
Line of Section 32	Township 24 Range	37 , NMPM, Lea	County	
pine of designit	Tombing Indinge	, 14ton 10th	County	
	RTER OF OIL AND NATURAL (
Name of Authorized Transporter of (Oil or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)	
Name of Authorized Transporter of (Casinghead Gas or Dry Gas	Address (Give address to which ap.	proved copy of this form is to be sent)	
l Paso Natural Gas Co				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.		Yes		
	with that from any other lease or poo	ol, give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Comple	tion – (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST		e after recovery of total volume of load	oil and must be equal to or exceed top allou	
DIL WELL Date First New Oil Run To Tanks	able for this	depth or be for full 24 hours) Producing Method (Flow, pump, gas		
Date First New Oil Run 10 lanks	Date of Test	Producing Method (Flow, pump, gas	s 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	Casing Pressure	Choke Size	
		1		
ERTIFICATE OF COMPLIA	NCE	OIL CONSERV	VATION COMMISSION	
hereby certify that the miles on	d regulations of the Oil Concomustic	n APPROVED	, 19	
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given cove is true and complete to the best of my knowledge and belief.		ВУ		
		BY		
		TITLE		
		This form is to be filed in compliance with RULE 1104.		
TK	Ined gran	_ If this is a request for all	lowable for a newly drilled or deepened	
K. Snodgrass (Signature Potential)	gnature)	well, this form must be accome tests taken on the well in accome.	panied by a tabulation of the deviation	

 $\,$ All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only 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.