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

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE OFFICE O. O. C. Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 11/25/65

**I. OPERATOR**

Operator: Amerada Petroleum Corporation

Address: P. O. Box 668 - Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>W. F. Stuart</u>	Lease No. <u>1</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Justis Blinebry</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location				
Unit Letter <u>F</u>	<u>2310</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>North</u>			
Line of Section <u>14</u>	Township <u>25-S</u>	Range <u>37-E</u>	County <u>Lea</u>	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>McWood Corporation</u>	<u>2003 Wilco Bldg., Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>No Purchaser at this time.</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rce. Is gas actually connected? When
	<u>F 14 25S 37E No</u>

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>10-25-65</u>	Date Compl. Ready to Prod. <u>11-18-65</u>	Total Depth <u>5685'</u>		F.B.T.D. <u>5660'</u>				
Elevations (DF, RKB, RT, CR, etc.) <u>3126' DF</u>	Name of Producing Formation <u>Blinebry</u>	Top Oil/Gas Pay <u>5171'</u>		Tubing Depth <u>5110'</u>				
Perforations <u>29 shots selectively - 5171' to 5660'</u>						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>11"</u>	<u>8-5/8"</u>	<u>997'</u>		<u>500</u>				
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>5685'</u>		<u>550</u>				

**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 <u>November 18, 1965</u>	Date of Test <u>November 20, 1965</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 Hrs.</u>	Tubing Pressure <u>0 to 150#</u>	Casing Pressure	Choke Size <u>1/2"</u>
Actual Prod. During Test <u>78.60</u>	Oil - Bbls. <u>68.85</u>	Water - Bbls. <u>9.75</u>	Gas - MCF <u>35.22</u>

**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

**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.

**OIL CONSERVATION COMMISSION**

APPROVED [Signature] Nov 22, 1965, 19\_\_

BY \_\_\_\_\_

TITLE Assistant District Superintendent

[Signature]  
 Assistant District Superintendent  
 (Title)  
November 24, 1965  
 (Date)

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