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

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

I.

Operator Amerada Petroleum Corporation	
Address P. O. Box 668 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

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

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)					
McWood Corporation	2003 Wilco Bldg., Midland, Texas					
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)					
No Purchaser at this time.						
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14	Twp. 25S	Rge. 37E	Is gas actually connected? No	When

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 10-25-65	Date Compl. Ready to Prod. 11-18-65		Total Depth 5685'		P.B.T.D. 5660'			
Elevations (DF, RKB, RT, CR, etc.) 3126' DF	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5171'		Tubing Depth 5110'			
Perforations 29 shots selectively - 5171' to 5660'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		997'		500			
7-7/8"	5-1/2"		5685'		550			

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

C. J. Moore
(Signature)
Assistant District Superintendent
(Title)
November 24, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED 11/24/65, 19
BY John J. Dineen
TITLE Assistant District Superintendent

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