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| INANSFORTER | GAS | 1 | |
| OPERATOR | 1 | | |
| PROPATION OF | | | |

September 27, 1965

(Date)

| SANTA FE / FILE / U.S.G.S. LAND OFFICE | | REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | |
|--|--|--|--|--|------------------------------------|----------------|--|--------------------|
| OPERATOR / PRORATION OFFICE Operator | THOUSEN CORPOR | ltion | | | | | · | , |
| Reason(s) for filing (Check proper New Well Recompletion Change in Ownership | er box) | ransporter of: | Dry Gas Condense | | Other (Please | explain) | | |
| If change of ownership give na and address of previous owner | | | | | | | | |
| II. DESCRIPTION OF WELL A Lease Name Calleges Caryon Unit Location | | Well No. 1 | | , Including | g Formation | | Kind of Lease State, Federal or Fe | e Federal |
| Unit Letter ; | 875 Feet From | | 19 | | 845 NIMEM | Feet From | | County |
| Line of Section A/ | , | Rar | AL GAS | | , NMPM, | | | County |
| Name of Authorized Transporter Graves 011 Company Name of Authorized Transporter | | or Dry Gas | | Address (C | Box 2077 Give address t | o which approx | ved copy of this form in the second s | s to be sent) |
| Pan American Gas Go | Unit Sec. | | Rge. | s gas acti | ually connecte | ed? Wh | |)Late |
| If well produces oil or liquids, give location of tanks. | M 17 | | 124 | | | | et abailable | |
| If this production is commingle. COMPLETION DATA Designate Type of Com | Oil | | | ve comm | Workover | Deepen | Plug Back Same I | Res'v. Diff. Res'v |
| Date Spudded | Date Compl. Re | ady to Prod. | | Total Dep | th | 1 | P.B.T.D. | |
| Pool | Name of Produc | ing Formation | | Top Oil/G | as Pay | | Tubing Depth | |
| Perforations | | | | | | | Depth Casing Shoe | |
| HOLE SIZE | | BING, CASINA TUBING SI | | CEMENT | DEPTH SE | - | SACKS C | EMENT |
| HOLL SIZE | GASING | | | | | | | |
| | | | | | | | | |
| V. TEST DATA AND REQUE | ST FOR ALLOWAR | LE (Test m | nust be afte | er recovery | y of total volu r full 24 hours | me of load oil | and must be equal to | or exceed top allo |
| OIL WELL Date First New Oil Run To Tank | Date of Test | . ante jo | | | | , pump, gas li | ft, etc.) | |
| Length of Test | Tubing Pressur | e | | Casing Pr | essure | | Choke S | ED |
| Actual Prod. During Test | Oil-Bbls. | | | Water-Bb | ls. | | SEP 28 | 1965 |
| GAS WELL | | | | | | | OIL CON | . COM. |
| Actual Prod. Test-MCF/D | Length of Test | | | Bbls. Con | densate/MMC | F | Granty of OIS | area / |
| Testing Method (pitot, back pr.) | Tubing Pressur | e | | Casing Pr | essure | | Choke Size | |
| VI. CERTIFICATE OF COMP | LIANCE | | | | | 0 10cF | ATION COMMISS | |
| 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. | | n given | APPROVED SEP 2 8 1965 Original Signed Emery C. Arnold | | | | | |
| · · · - | | _ | | TITLE | Supervisor | Dist. # 3 | | |
| | 25 1 2 3 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 | | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation | | | | |
| (Signature) Administrative Assistant (Title) | | | | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo able on new and recompleted wells. | | | | 111. |

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.

en Alberton (1980) en 1980 en Alberton (1980) en 1980 en 198 Alberton (1980) en 1980 en 19