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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Form C-104
Superseded Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION FOR PRODUCTION OF NATURAL GAS

I. OPERATOR

Operator: American Quasar Petroleum Co. of New Mexico

Address: 1000 Midland National Bank Tower, Midland, Texas 79701

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

New Well Change in Transporter

Recompletion Oil X

Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ojo Chiso Unit	Well No. 1	Pool Name Ojo Chiso Strawn	State Texas	Lease No. L 1589
Location Unit Letter E	1890	Feet From The North	660	Feet From The West
Line of Section 23	Township 22S	Range 34E	County Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X
The Permian Corporation
P. O. Box 3110, Midland, Tx. 79701

Name of Authorized Transporter of Casinghead Gas or Oil X
The Gas Co. of New Mexico
75270
First International Bldg, Dallas, Tx.

If well produces oil or liquids, give location of tanks.
Unit E 23 22S 34E Yes When 9/24/75

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> X	Gas Well <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/> X
Date Spudded 6/30/73	Date Compl. Ready for Production 6/27/76	14,739	F.B.T.D. 12,640	
Elevations (DF, RKB, RT, GR, etc.) 3500' DF	Name of Production Pool Strawn	11,727	Tubing Depth 11,500	
Perforations			Depth Casing Shoe	

HOLE SIZE	CASING & TUBING	FEET	SACKS CEMENT
26"	20" 94#	356.43'	450 sx Lite+200 sx C
17 1/2"	13 3/8" 54.5#, 61, 68	4551'	3100 sx Lite 500 "
12 1/4"	9 5/8" 40#, 43.5, 47	11323'	1875 sx Lite 500 H&C
8 1/2"	7 5/8" 33#, 39#	13360'	500 sx Class H

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

Date First New Oil Run To Tanks _____ Date of Test _____

Length of Test _____ Tubing Pressure _____ Choke Size _____

Actual Prod. During Test _____ Oil-Bbls. _____ Gas-MCF _____

GAS WELL

Actual Prod. Test-MCF/D 2,026	Length of Test 2 Hours	Gravity of Condensate 53.2
Testing Method (pitot, back pr.) Meter Run	Tubing Pressure (Shut-in) 4539	Choke Size 14/64"

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 furnished above is true and complete to the best of my knowledge and belief.

R. A. STEELMAN
R. A. STEELMAN
(Signature)
Production Superintendent
(Title)
August 30, 1976
(Date)

Oil Conservation Commission
SEP 2 1976
SUPERVISOR