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

	SANTA FE FILE U.S.G.S.		REQUEST FOR ALLOWABLE Supe		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS	
	LAND OFFICE IRANSPORTER OIL GAS OPERATOR				· One	
I.	PRORATION OFFICE Operator D & B	Oil.	Inc.			
	1003 V & J Tower, Midland, Texas 79701					
	Reason(s) for filing (Check proper box) OASINGHEAD in GAS MUST NOT BE					
	New Well Recompletion Change in Ownership		Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	UNLESS AN EXC	EPTION TO R-4070	
	If change of ownership give and address of previous ow		N/A	Bres Milane III		
H.	DESCRIPTION OF WELL Lease Name Arco	L AND 1	DESIGNATED BEL NOSIFY THIS DET Well No. Pool No	BEEN PLACED IN THE POOR OW. IF YOU DO NOT CONCUR FIGURAL Me, Including Formation Sawyer, San Andres	Lease No. LC-063L27 Kind of Lease State, Federal or Fee Ped.	
	Location			R-4106	State, redetal or ree 104.	
	Unit Letter B	,66	Peet From The N Lin	ne and 2180 Feet From	m The	
	Line of Section 28	, Tow	rnship 9-S Range	37-E , NMPM,	Lea County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil & or Condensate Mode of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Manual Component of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	Mone If well produces oil or liquid give location of tanks.	s,	Unit Sec. Twp. Rge. N 21 9-S 37-E		When Unknown	
	If this production is commi COMPLETION DATA	ngled wit	h that from any other lease or pool,	give commingling order number:		
	Designate Type of C	ompletio	n – (X) X	New Well Workover Deepen		
	Date Spudded 12-9-70		Date Compl. Ready to Prod. 12-29-70	Total Depth 501,0	P.B.T.D. 5020	
	Elevation 3968 G.L.		Name of Producing Formation San Andres	Top Oll/Gas Pay	Tubing Depth LL990	
	Perforations 2l. holes 1,920-1,992 5036					
	HOLE SIZE		TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	12-1/1		8-5/8	L16	250 sx	
	7-7/8		l:-1/2	5036	375 sx	
v.	TEST DATA AND REQUOIL WELL	UEST FO		epth or be for full 24 hours)	vil and must be equal to or exceed top allow-	
	Date First New Oil Run To 7	anks	Date of Test 12-30-70	Producing Method (Flow, pump, gas	lift, etc.)	
	Length of Test		Tubing Pressure	Casing Pressure	Choke Size	
	2/1 hrs. Actual Prod. During Test		Oil-Bbls.	Water-Bbls.	Gas-MCF	
	120		120	0	72	
	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.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
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.			rith and that the information given	TITE 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 Sections I, II, III, and VI only for changes of owner,		
	Jack Monve (Signature) Hgent (Title) 1-6-71					
				well name or number, or transporter, or other such change of condition.		

able 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.