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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL

GAS

OPERATOR

PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND HOBBS OFFICE O. C. C.  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

MAY 26 2 30 PM '66

(DEVIATIONS - BACK SIDE)

I. *An American Petroleum Corp.*  
 Address: *Box 68, Hobbs, NM*

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of:  
 Existing Well  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No. *4* Pool Name, including Formation *Chaveroo-San Andres R-3080* Kind of Lease *FEG*  
*Joy Ruth Bradley* State, Federal or Fee *FEG*

Location: Unit Letter *P*; *660* Feet From The *SOUTH* Line and *660* Feet From The *EAST* Line of Section *24*, Township *7-S* Range *33-E*, NMPM, *ROOSEVELT* County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
*THE BERNIAN CORP (TRUCKS)* Address (Give address to which approved copy of this form is to be sent)  
*Box 3119, MIDLAND TEXAS*

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit *N* Sec. *24* Twp. *7* Rge. *33* 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded <i>4-27-66</i>	Date Compl. Ready to Prod. <i>5-9-66</i>	Total Depth <i>4384</i>	P.B.T.D. <i>4343</i>					
Pool <i>CHAUEROO</i>	Name of Producing Formation <i>SAN ANDRES</i>	Top Oil/Gas Pay <i>41-44'</i>	Tubing Depth <i>4286</i>					
Perforations: <i>41-44-45, 52-53, 55-57, 77-78, 81-83, 90-92, 94-96, 420810, 11-13, 17-18, 25-26, 32-33, 35-37, 38-40, 44-46, 51-60, 62-65, 68-70, 72-78</i>							Depth Casing Shoe <i>4384</i>	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<i>11"</i>	<i>8 5/8"</i>		<i>445'</i>			<i>250</i>		
<i>7 7/8"</i>	<i>4 1/2"</i>		<i>4384'</i>			<i>800</i>		

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Ran To Tanks *5-9-66* Date of Test *5-18-66* Producing Method (Flow, pump, gas lift, etc.) *PUMPING*

Length of Test *24* Tubing Pressure *-* Casing Pressure *-* Choke Size *-*

Actual Prod. During Test *131* Oil-Bbls. *121* Water-Bbls. *10 BLW* Gas-MCF *25 (206.600 / 23.800)*

GAS WELL

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

Testing Method (pilot, back pt.) *-* 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.

*043-NMOC-C-14*  
*1-N510*  
*1-C13P*  
*1-Susp*  
*1-R24*  
*1-Kimbo*  
*3-Tom Mason*

*C. W. Trench*  
 Area Engineer  
*5/19/66*  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED *1*, 19 *66*

BY *[Signature]*

TITLE *[Blank]*

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 11V.

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, 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.