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

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

**I. Operator**  
**Chambers & Kennedy**  
Address  
**607 Midland National Bank Bldg., Midland, Texas 79701**

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

New Well       Change in Transporter of:  
Recompletion       Oil  \* Dry Gas   
Change in Ownership       Casinghead Gas       Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Arco State</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Chaveroo</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter <b>J</b> ; <b>2310'</b> Feet From The <b>South</b> Line and <b>1980'</b> Feet From The <b>East</b> Line of Section <b>4</b> , Township <b>8-S</b> Range <b>33-E</b> , NMPM, <b>Chaves</b> 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"/> <b>Mobil Pipeline Co. (Attn: Mr. D. C. Kennedy)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 900, Dallas, Texas 75221</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent) <b>None</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>4</b>	Twp. Rge. <b>8-S 33-E</b>	Is gas actually connected? <b>No</b>	When

If this production is commingled with that from any other lease or pool, give commingling order number: **Not Applicable**

**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 <b>10/25/68</b>	Date Compl. Ready to Prod. <b>11/4/68</b>		Total Depth <b>4420'</b>		P.B.T.D. <b>4410'</b>			
Pool <b>Chaveroo</b>	Name of Producing Formation <b>Chaveroo</b>		Top Oil/Gas Pay <b>4222'</b>		Tubing Depth <b>4390'</b>			
Perforations <b>4230 - 4402'</b>						Depth Casing Shoe <b>442</b>		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8"</b>		<b>374'</b>		<b>250 sx</b>			
<b>7-7/8" to 4200'</b>	<b>4-1/4"</b>		<b>4420'</b>		<b>374 sx</b>			
<b>6-3/4" from 4200' to 4420'</b>	<b>2-3/8" eue tubing</b>		<b>4390'</b>					

**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)

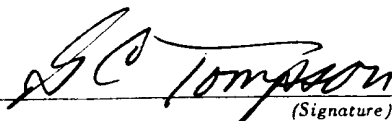
Date First New Oil Run To Tanks <b>12/4/68</b>	Date of Test <b>12/6/68</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hr.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>107 bbls.</b>	Oil-Bbls. <b>107 bbls.</b>	Water-Bbls. <b>95 bbls.</b>	Gas-MCF <b>99</b>

**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

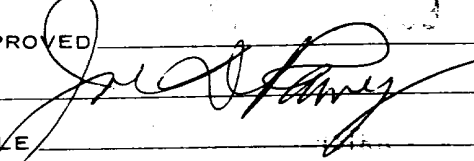
**VI. CERTIFICATE OF COMPLIANCE**

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.

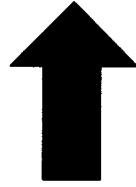
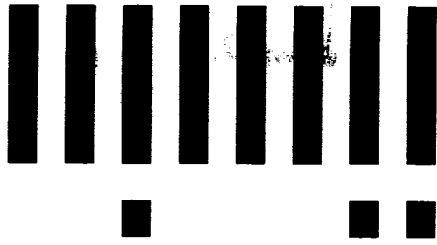
  
\_\_\_\_\_  
(Title)  
**Manager of Production**  
\_\_\_\_\_  
(Title)  
**February 26, 1969**  
\_\_\_\_\_  
(Date)

\*CHANGE IN TRANSPORTER OF OIL EFFECTIVE

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE \_\_\_\_\_

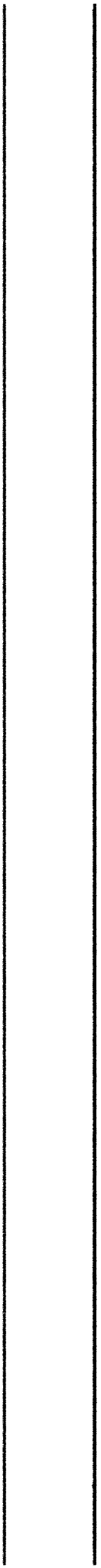
This form is to be filed in compliance with RULE-1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out Sections I, II, III, and VI only for changes of owner, 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.



**LTR**



**Job separation sheet**



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Operator  
**Chambers & Kennedy**  
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Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate

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**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Arco State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Chaveroo</b>	Kind of Lease State, Federal or Fee <b>State</b>
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**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Admiral Crude Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1713, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>NONE</b>	Address (Give address to which approved copy of this form is to be sent) <b>NONE</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>4</b>	Twp. <b>8-S</b>	Rge. <b>33-E</b>	Is gas actually connected? <b>NO</b>	When

If this production is commingled with that from any other lease or pool, give commingling order number: Not Applicable

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Pool <b>Chaveroo</b>	Name of Producing Formation <b>Chaveroo</b>	Top Oil/Gas Pay <b>4222'</b>	Tubing Depth <b>4390'</b>					
Perforations <b>4230 - 4402</b>	Depth Casing Shoe <b>4420'</b>							
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HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
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<b>7-7/8" to 4200'</b>	<b>4-1/2"</b>	<b>4420'</b>	<b>375 sx</b>					
<b>6-3/4" from 4200'</b>								
<b>to 4420'</b>	<b>2-3/8" eue tubing</b>	<b>4390'</b>						

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Length of Test <b>24 hr</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
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**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. 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.

GC Tompson  
(Signature)

Manager of Production  
(Title)

February 21, 1969  
(Date)

CORRECTION ITEM III

OIL CONSERVATION COMMISSION  
**FEB 24 1969**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY J. O. [Signature]  
TITLE \_\_\_\_\_

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