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ORBX 1900	80. 80.	JOB XERO	ORE
NO. OF COPIES RECEIVED		- HO	Form C-104 Supersedes Old C-104 and C-110 C Effective 1 166
DISTRIBUTION	NEW NEVICO OF C	ONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	217 Supersedes Old C-104 and C-11
FILE	REQUEST	AND	Ellective felega.
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS 25 AH 165
LAND OFFICE	AUTHORIZATION TO TRA	THO ON OIL AND THE OWNER	,, ig
OIL			
TRANSPORTER GAS			
OPERATOR			
DDODATION OFFICE			
Operate	0		
Kay (merican	Litroleun Corp.		
Address			
Boy 68. 9 to	bbs. n. m. 8	8240	
Reason(s) for filing (Check proper b		Other (Please explain)	uned +
New Wel.	Change in Transporter of:	Well ro-en	Z
Recompletion	Oil Dry Go	1 1 1	
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name	2		
and address of previous owner			
	D I DAGD		
II. DESCRIPTION OF WELL AN	Well No. Pool Na	me, Including Formation	Kind of Lease
STATE "C Z"	اللما ا	DCAT-SAN ANDRES	State, Federal or Fee STATE
Location			LUCCT
19	980 Feet From The SOUTH Lir	ne and 666 Feet From	The WEST
Unit Letter;			
Line of Section 27	Township 9-5 Range	35-E , NMPM, L	EF County
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	Address (Give address to which appro	and carry of this form is to be sent)
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which appro	
THE PERMIAN	1 CORP (TRUCKS	Address (Give address to which appro	DCAND IEXAS
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give datiess to which appro	, spectrospy by the participant of
	Int Sec. Twp. Rge.	Is gas actually connected?	nen
If well produces cil or liquids,	L 27 9-5 35-E	10 940 4014-11	
give location of tanks.		· · · · · · · · · · · · · · · · · · ·	
	with that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper.	Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Comple	etion = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
OC-11-23-65	12-8-65	10,025	5,000
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
WILDCAT	SAN ANDRES	4825	4,116
		10.10.00.00.00.11/201	Depth Casing Snoe
4825-27:4831	I-32; 4836-37; 4847	-49; 4859-62 W/CSF	7 5,000
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
171/2"	13 3/8"	305	
"	<u>ర్శివ"</u>	4116	
7 78"	4 1/2"	5000'	300 Sx
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load of lepth or be for full 24 hours)	l and must be equal to or exceed top allow
OH. WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks	12-13-65	Pump	
12-(-65	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Tubing Pressure		
24 HRS	Cil-Bbls.	Water-Bbls.	Gas-MCF (GOR) Cg+
Actual Prod. During Test	40	2.2	\$ 34 (850 7 26
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 COMPLI	ANCE	OIL CONSERV	ATION COMMISSION
TALLED THE STATE OF COURT DA			19
			13

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.

Original Signed by: V. E. STALEY

014-NWOCC	(Signature)
1-1mg	(Title)
1- SUSP	12-15-65

APPROVED, 19
64
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. Second Forms C-104 must be filed for each pool in multiply