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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 6 7 56 AM '65
Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. **San American Petroleum Corp.**
Box 68, Hobbs N.M. 88240
Reason(s) for filing (check proper box)
New Well ☐ Change in Fracturing ☐ Other (Please explain) **undesignated well placed into a Pool - R-2938**
Recompletion ☐ Casing ☐ Lay Gas ☐
Change in ownership ☐ Casinghead ☐ Gas Separator ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Well Name **Federal "A"** Lease Name **4 Bough Devonian** Kind of Lease **Fed.**
Location **L 2300** Feet From The **SOUTH** Line and **990** Feet From The **WEST** Line of Section **13** Township **9-S** Range **35-E** N.M.P.M. **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Transporter **The Permian Corp (Trucks)** Address (Give address to which approved copy of this form is to be sent) **Box 3119, Midland Texas**
Date of Assignment **L 13 9 35** Is it actually connected? **No** When

IV. COMPLETION DATA
Designate Type of Completion - (X)
Type of Completion **Oil Well** **Gas Well** **New Well** **Workover** **Deepen** **Plug back** **Same Resv.** **Diff. Resv.**
Name of Producing Formation **Devonian** Total Depth **990** P.P.T.D.
Name of Producing Formation **Devonian** Top Oil/Gas Log **990** Tubing Depth
Depth, Casing Shoe **990**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)
Length of Test **10** Date of Test **8-4-65** Producing Method (Flow, pump, gas lift, etc.) **Flow**
Length of Test **10** Tubing Pressure **100** Casing Pressure **100** Choke Size **10**
Actual Flow, Testing Test **10** Oil-PPH **10** Water-PPH **10** Gas-MCF **10**

GAS WELL
Actual Flow, Testing Test **10** Length of Test **10** Hbls. Condensate/MMBtu **10** Gravity of Condensate **10**
Testing Method (pilot, back pr.) **10** Tubing Pressure **10** Casing Pressure **10** Choke Size **10**

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.
Original Signed by: **V. E. STALEY**
Area Superintendent
8-4-65
OIL CONSERVATION COMMISSION
APPROVED **[Signature]**, 19 **1965**
BY **[Signature]**
TITLE **[Signature]**
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.