NO. OF COPIES REC	EIVED	
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		i
	-10-	i

NEW MEXICO OIL CONSERVATION COMMISS .4

Form C-104

SANTAFE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65		
FILE	AND		
U.S.G.S.	AUTHORIZATION TO TR	PANSPORT OIL AND NATUR	RAL GAS
LAND OFFICE	-		
RANSPORTER GAS	-		
OPERATOR	-		
PRORATION OFFICE			
Operator			
Western Drilling	Company		
Address			
P. O. Box 1392.	Longview, Texas		
Reason(s) for filing (Check proper b	ox)	Other (Please explain	n)
New Well	Change in Transporter of:		
Recompletion	Oil Dry C	<u> </u>	
Change in Ownership	Casinghead Gas Cond	ensate	
If change of ownership give name			
and address of previous owner			
H DECODIDATION OF WELL AND	D. I. E. A.C.E.		
II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool N	ame, Including Formation	Kind of Lease
Great Western Enters	FIRM Fed 1 Sow	yer San Andres (Gas)	State, Federal or Fee Federal
Location	D J J J J J J J J J J J J J J J J J J J	yor can Ameres (cas)	1000181
Unit Latter T	980 Feet From The South L	ine and 660 Feet	From The East
Unit Letter;;	South L		AARDAY to
Line of Section 30	Township 9 South Range	38 East , NMPM,	Lea County
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of C	Oil 🙀 or Condensate 🗀	Address (Give address to which	h approved copy of this form is to be sent)
McWood Corporati	Box 330, Abilene Texas singhead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent,		Texas
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas		
Capitan, Inc.		3707 Rawlins Ave.	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Sec. Twp. Rge. Is gas actually connected? When	
give location of tanks.	I 30 9S 38E	No.	July 1, 1965
	with that from any other lease or pool	, give commingling order number	er:
V. COMPLETION DATA	Cil Well Gas Well	New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res'v.
Designate Type of Comple	tion - (X)	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-24-65	6-14-65	5026*	5007 *
9-24-03 Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	San Andres	5025 *	4903*
Perforations 4025-27-30-4	17-57-62-69-75-76-77-85-8		Depth Casing Shoe
4923-27-33	77-57-62-63-75-76-77-63-6	5-31-34- 4 4333	50261
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	4151	250
6 3/4"	4 1/2"	50261	400 regular w/4%
	2 3/8"	49031	Aquagel, 100 regular
			W/45 gal Latex in last
	FOR ALLOWABLE (Test must be	after recovery of total volume of le	oad oil and 50 bs saul to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	depth or be for full 24 hours) Producing Method (Flow, pump,	gas lift, etc.)
Date First New Oil Hun To Tanks			, gas viji, every
6/11/65 Length of Test	Thru 6/14/65 Tubing Pressure	Casing Pressure	Choke Size
•			
72 hrs. Actual Prod. During Test	450#	790 Water-Bbls.	1/2" Gas-MCF
96	72	24	9,960,000
GAS WELL			
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2,320,000 per 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Back pr.	450#	790	1/2"
VI. CERTIFICATE OF COMPLIA			ERVATION COMMISSION
SERVIN TOTAL OF COMPLIA	· · · ·	3,2 00,101	
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.		APPROVED	
		'	
above is true and complete to t	the best of my knowledge and belief.	BY	
		TITLE	*
		This fam. is as he for	ed in compliance with RULE 1104.
チンナ	1 all of		ed in compliance with RULE 1104. r allowable for a newly drilled or deepened
	and the second	uell this form must be ac	companied 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.