ŀ	NO. OF COPIES RECEIVED	1					
- 1	DISTRIBUTION	ALEMIA ARRAMAN AV	ONEED: /*=:	I COMMICCI "	- -		
}	SANTA FE	NEW MEXICO OIL C	ONSERVATION	COMMISSION	Form C-104 Supersedes Old O. C. C Effective 1-1-6	C-104 and C-110	
- }	FILE	REQUEST	FOR ALLOWA	ABLE GOS OFFICE	O C DEffective 1-1-6	C-104 and C-110	
		1	AND	Jan 40-,,		(
}	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL	APPENDITURAL G	AB 202		
}	OIL	-		10	nn 6/		
1	TRANSPORTER GAS	┥ , ,					
- 1							
ŀ	OPERATOR	4 1 1					
1.	PRORATION OFFICE Operator	1		· 			
		college Company					
	Coastal States Gas Pr	.oddcing company					
	Address	Towns 70701				İ	
	P. O. Box 235, Midla						
1	Reason(s) for filing (Check proper box				mporary approve		
l	New Well	Change in Transporter of:		_	C-104 of 12-15-	1	
1	Recompletion	Oil Dry Ga	⁵) barrels prode	uced while test	ing.	
ļ	Change in Ownership	Casinghead Gas Conden	.sate				
	If change of ownership give name and address of previous owner						
•	and address of previous owner						
II	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	· San Andi	es R-3205			
 -	Lease Name					Lease No.	
	L. L. & E State	2 Judes Flying	g "M" (San	Andres to Foderal	or Fee State	E-7481	
ŀ	Location		<u></u>	2/6/		-1	
	ī. 19	980 Feet From The south Lin	48	5	west	1	
	Unit Letter;	Feet From TheLin	e and	Feet From T	ne		
	Line of Section 22 Toy	waship 95 Range	33E	, NMPM,	Lea	County	
Į	Line of Section 44 Tox	wnship 98 Range		, INMEM,		County	
		THE OF OUR AND MARKINAL CA	6				
ш.		FER OF OIL AND NATURAL GA	Address (Gine	address to which approx	ed copy of this form is t	o be sent)	
	Name of Authorized Transporter of Oil		1			,	
Ì	The Permian Corpora	ation	BOX 3119	, Midland, Tex	Kas ///UI	o he sent!	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give	Address (Give address to which approved copy of this form is to be sent)			
	None						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually	connected? Whe	'n		
	give location of tanks.	L 22 9S 33E	No	l			
	If this production is commingled Wi	th that from any other lease or pool,	give commingli	ng order number:			
	COMPLETION DATA	,					
- · · ·		Oil Well Gas Well	1	orkover Deepen	Plug Back Same Res	'v. Diff. Res'v.	
	Designate Type of Completic	$\operatorname{on} - (X)$	X		1	_	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	_ ^	P.B.T.D.		
	8-1-66	1-16-67	469	5'	4640"		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas P	αy	Tubing Depth		
	4351' GR	San Andres	4567		4606°	\$	
	Perforations				Depth Casing Shoe		
	4567-69'; 4574-76'; 4580-84' 4680'						
	TUBING, CASING, AND CEMENTING RECORD						
		CASING & TUBING SIZE		EPTH SET	SACKS CEN	IENT	
		CASING & TOBING SIZE	1	21 111 421	·		
	HOLE SIZE	0 5/011		2641	1 561		
	12-1/4"	8-5/8"		2641	150		
		4-1/2"	4	680 '	250		
	12-1/4"		4		 		
	12-1/4" 7-7/8"	4-1/2" 2-3/8"	4	680' 606'	250		
V.	12-1/4" 7-7/8" TEST DATA AND REQUEST F	4-1/2" 2-3/8" OR ALLOWABLE (Test must be a	4 4 fter recovery of t	680° 606°	 	exceed top allow-	
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₩.	12-1/4" 7-7/8" TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks 8-28-66 Length of Test	4-1/2" 2-3/8" OR ALLOWABLE (Test must be a able for this de	fter recovery of to pth or be for full Producing Meth	680° 606° cotal volume of load oil of 24 howe) nod (Flow, pump, gas lif	250 and must be equal to or o	exceed top allow-	
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