NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE u.s.g.s. LAND OFFICE TRANSPORTER GAS OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE Operator CAYMAN CORPORATION P. O. Box 1352 Roswell, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) X Change in Transporter of: New Well OIL Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation State, Federal or Fee E-10 130 State Chaveroo-San Andres Hondo-State 660 Feet From The **North** Line and 1980 Feet From The East Unit Letter , NMPM, County 33-E Roosevelt Township 7-S Range 31 Address (Give address to which approved copy of this form is to be sent) P. O. Box 900 Dallas, Texas

Address (Give address to which approved copy of this form is to be sent) MOBIL PIPE LINE CO. Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ____ When Is gas actually connected? Rge. Sec. Twp. If well produces oil or liquids, give location of tanks. 7 31 33 If this production is commingled with that from any other lease or pool, give commingling order number: . COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. New Well Workover Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Spudded Date Compl. Ready to Prod. 2-10-68 4350 12-30-67
Elevations (DF, RKB, RT, GR, etc.) 4350 Tubing Top Oil/Gas Pay Name of Producing Formation 4200 4441.2 G.L. 4208 San Andres Depth Casing Shoe Perforations 4350 4208 - 4296 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 250 sx 12 8-5/8 378 350 sx 4-1/2 4350 7-7/8 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks 2-11-68 2-10-68 Choke Size Casing Pressure Length of Test 24 Ggs - MCF Water - Bble. Oil-Bbls. Actual Prod. During Test 17.2 62 20 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (shut-in) OIL CONSERVATION COMMISSION

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VI. CERTIFICATE OF COMPLIANCE	Æ
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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.

Engineer (Title)

February 15, 1968

(Date)

APPROVE BY W 1815

Ę 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 only Sections I, II, III, and VI 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.







Job separation sheet

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606 Security National Bank Roswell, New Mexico Undersignated

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1980'FNL 660' FEL, Sec-31. T-7s, R-33e

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378 875	· 7	2.1868	3.8500
875	Ŧ	3.0885	6.9385
1230	2/1	6.0129	12.9514
1689	3/4	8.2075	23.1589
2158	1	2.3842	23.5431
2340	3/4	13.1950	36.7381
3094	2/1	4.5326	41.2707
3440 3735	3/4 3/4	3.8645	45.1352
3735	3/4	.9328	46.0680
3947	5/1	3.2881	49.3561
4198	<i>3/4</i>	7 • • • • • • • • • • • • • • • • • • •	

Vice Pres.

Melvin Prector