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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL

OPERATOR GAS

PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

11/35

I. **Kern County Land Company**

Address: **418 First StateBank Bldg., Midland, Texas**

Reasons for filing (Check proper box)

New Well Change in Transporter or

Transporter Well Dry Gas

Transporter Main Well Gas Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name: **State 17** Well No.: **4** Pool Name, including Formation: **Undesignated** Kind of Lease: **State**

Location: Section **A** Twp. **660** East From The **North** Line and **660** Feet From The **East**

Line of Range: **17** Township **14S** Range **34E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: **Service Pipe Line Company** Address: **P.O. Box 337, Midland, Texas**

Name of Authorized Transporter of Casinghead Gas or Dry Gas: **Warren Petroleum Company** Address: **P.O. Box 1589, Tulsa, Oklahoma**

If well produces oil or if producing formation of tanks: **K** Unit **17** Sec. **14S** Twp. **34E** Rge. **34E** Is gas actually connected? **No, will be connected when allowable approved.**

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-84**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
X	X		X					
Date Spudded: 12-12-65	Date Compl. Ready to Prod.: 2-5-66	Total Depth: 10510	P.B.T.D.: 10471					
Pool: Undesignated	Name of Producing Formation: Permo-Penn	Top Oil/Gas Pay: 10329'	Tubing Depth: 10261					
Perforations: 10397-439' w/10 - 3/8" & 10 - 0.31" holes, 10329-367' w/ 15 - 0.31" holes.			Depth Casing Shoe: 10510					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		312		300			
11"	8 5/8"		4452		300 equivalent			
7 7/8"	5 1/2"		10510		500 "			

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)

Date First New Oil Run To Tanks: **2-5-66 (to test tank)** Date of Test: **2-6-66** Producing Method (Flow, pump, gas lift, etc.): **Swabbed**

Length of Test: **24 hours** Tubing Pressure: **NA** Casing Pressure: **NA** Choke Size: **1/2"**

Actual Prod. During Test: **250** Oil - Bbls.: **146** Water - Bbls.: **104 (fresh & acid load)** Gas - MCF: **NA**

GAS WELL

Actual Prod. Per-MCF: **-** Length of Test: **-** Bbls. Condensate/MMCF: **-** Gravity of Condensate: **-**

Producing Method (pitot, back pr.): **-** Tubing Pressure: **-** Casing Pressure: **-** Choke Size: **-**

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.

R. J. ...
 District Engineer
 2-1-466

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.