

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

HOBBS OFF. Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
JUL 2 11 37 AM '68
C.C.

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator **Saco Production Company**

Address **616 Vaughn Bldg., Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name Federal "A"	Lease No. MM-0392502	Well No. 2	Pool Name, Including Formation Chavero (San Andres)	Kind of Lease Federal
Location				State, Federal or Fee
Unit Letter P	660	Feet From The East	Line and 660	Feet From The XXXX South
Line of Section 24	Township 7-S	Range 32-E	, NMPM, Roosevelt County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P. O. Box 3119, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Vented		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24
	Twp. 7S	Rge. 32E
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-11-68	Date Compl. Ready to Prod. 6-28-68	Total Depth 4430'		P.B.T.D. 4410'				
Elevations (DF, RKB, RT, GR, etc.) 4432.1 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 4118		Tubing Depth				
Perforations Twenty-one 3/8" holes 4118 - 4357'				Depth Casing Shoe 4430'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 24#		366'		250 sx Bag + 2% Ca Cl			
7-7/8"	4-1/2" 9.5#		4430'		150 sx 50-50 Pommix			

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 6-28-68	Date of Test 6-29-68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 200	Casing Pressure 650	Choke Size 24/64"
Actual Prod. During Test 75	Oil - Bbls. 66	Water - Bbls. 9	Gas - MCF 58

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

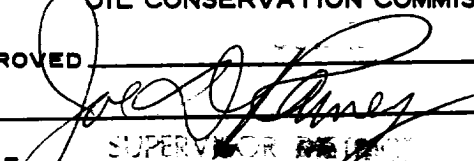
VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
T. F. Thagard, President
(Title)
July 1, 1968
(Date)

5 copies of Inclination Report Attached.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE **SUPERVISOR**

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.

