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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-105
Effective 1-1-65

RECEIVED BY
JUN 08 1984
O. C. D.
ARTESIA, OFFICE

I.

Operator Sandco Oil and Gas Incorporated ✓	
Address P.O. Box 881 Mesilla Park, New Mexico 88047	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Reentry

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sandco	Well No. 3	Pool Name, Including Formation Twin-Lakes SA <i>Assn.</i>	Kind of Lease State, Federal or Fee	Fee	Lease
Location					
Unit Letter A	990	Feet From The North	Line and 330	Feet From The East	
Line of Section 25	Township 8S	Range 28E	NMPM,	Chaves	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"/> Navajo Crude Purchasing Company	Address (Give address to which approved copy of this form is to be sent) Box 159 Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 25
	Twp. 8S	Rge. 28E
	Is gas actually connected? no	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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input checked="" type="checkbox"/>	Diff. Resv. <input type="checkbox"/>
Date Spudded 5-9-84	Date Compl. Ready to Prod. 6-2-84		Total Depth 2753		P.B.T.D. 2753			
Elevations (DF, RKB, RT, GR, etc.) 3934 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2623		Tubing Depth 2623			
Perforations 4holes 2623-2626, 3holes 2636-2638, 1hole 2641, 8holes 2644-					Depth Casing Shoe 2753			
TUBING, CASING, AND CEMENTING RECORD 2651								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		124 ft.		6 yds.			
7 7/8"	4 1/2"		2753		175 sks.			
	2 3/8"		2623					

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 6-4-84	Date of Test 6-3-84	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 60	Oil-Bble. 40	Water-Bble. 60	Gas-MCF ---

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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]
(Signature)

President

(Title)

6-6-84

(Date)

OIL CONSERVATION COMMISSION

JUN 11 1984

APPROVED _____, 19__

BY *[Signature]*

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.