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	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
MAR 20 1984
O. C. D.
ARTESIA, OFFICE

CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-22-84
EXCEPTION TO: RULE 1104 IS OBTAINED

Operator: Sandco Oil and Gas Inc. ✓
Address: P.O. Box 881 Mesilla Park, New Mexico 88047
Reason(s) for filing (Check proper box):
New Well Change in Transporter of: Oil Dry Gas
Recompletion Casinghead Gas Condensate
Change in Ownership
Other (Please explain) Chg. Lease Name: From O'Brien Fee #25 #7 To Sandco Oil and Gas #2

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Sandco O'Brien Fee #25	Well No.: 2 2	Pool Name, Including Formation: Twin Lakes, San Andres	Kind of Lease: Fee	Lease No.:
Location: Unit Letter G, 1650 Feet From The East Line and 2310 Feet From The North				
Line of Section 25 Township 8 South Range 28 East, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	Box 159 Artesia New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	None
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
G 25 8S 28E	NO

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: 2-8-84	Date Compl. Ready to Prod.: 3-6-84	Total Depth: 2700 FT.	P.B.T.D.: 2700					
Elevations (DF, RKB, RT, GR, etc.): 3941.61 GR	Name of Producing Formation: San Andres	Top Oil/Gas Pay: 2470 2491	Tubing Depth: 2610					
Perforations: 2 Holes 2574, 2 at 2575, one Hole 2583, 84, 85. 4 at 2491-							Depth Casing Shoe: 2700	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8	125'	6 yds.					
7 7/8	4 1/2	2700	200sks.					
	2 3/8	2610						

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: 3-8-84	Date of Test: 3-14-84	Producing Method (Flow, pump, gas lift, etc.): Pump	Post ID-2 3-23-84 Camp + BK
Length of Test: 24 hrs.	Tubing Pressure: 0	Casing Pressure: ---	
Actual Prod. During Test: 5.85 BLS.	Oil-Bbls.: 10	Water-Bbls.: 38	
		Gas-MCF: 85.5	

GAS WELL

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

Leslie A. Clements
(Signature)
Supervisor (Title)
3-17-84 (Date)

OIL CONSERVATION COMMISSION

APPROVED: MAR 22 1984
Original Signed by
BY: Leslie A. Clements
Supervisor District II
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 devils tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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.