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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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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-11
Effective 1-1-65

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

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4-22-84
UNLESS AN EXCEPTION TO:
RULE 336 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:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
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 O'Brien Fee 25 Sandco	Well No. X2	Pool Name, Including Formation Twin Lakes, San Andres	Kind of Lease State, Federal or Fee 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"/> Navajo Crude Oil Purchasing Co.	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) None					
If well produces oil or liquids, give location of tanks.	Unit G	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 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 11"	CASING & TUBING SIZE 8 5/8		DEPTH SET 125'		SACKS CEMENT 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	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure ---	Choke Size ---
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)
2-17-84
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 22 1984, 19
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 condition.