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

RECEIVED

SEP 23 1974

Operator Kewanee Oil Company	
Address P. O. Box 3786, Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Square Lake 12 Unit (Tr. 2) 2	Well No. Square Lake G-SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM7748
Location Unit Letter M Feet From The 990 West Line and 990 Feet From The South			
Line of Section 12 Township 17-S Range 29-E , NMPM, Eddy 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)
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79701
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	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	F 12 17-S 29-E 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-9-74	9-14-74	2606'	2600'					
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3640' G.R.	Grayburg	2533'	2570'					
Perforations	Depth Casing Shoe							
2533', 34, 35, 37, 38, 39, 40, 41, 42, 43, 44, 45, 67 & 71'		2604.65'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	505'	200					
7-7/8"	5-1/2"	2604.65'	550					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-14-74	9-15-74	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
83.4	83.4	26.1	TSTM

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.

E. F. Stucke
(Signature)

District Manager
(Title)

9-19-74
(Date)

OIL CONSERVATION COMMISSION

SEP 23 1974

APPROVED _____, 19

BY **W. A. Gussert**

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 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.

INCLINATION REPORT

OPERATOR Kewanee Oil Company ADDRESS P.O. Box 3780, Odessa, Texas 79760

LEASE Square Lake 12 WELL NO. 202 FIELD _____

LOCATION 990' FSL & 990' FWL, Sec. 12, T-17S, R-29E, Eddy County, N.M.

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
520	1/4	2.2880	2.2880
814	1/4	1.2936	3.5816
1059	1/2	2.1315	5.7131
1521	1/4	2.0328	7.7459
1767	3/4	3.2226	10.9685
2458	1	12.0925	23.0610
2616	1	2.7650	25.8260

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

By: Ken Hedrick
Title: Ken Hedrick, Drlg. Supt.

Affidavit:

Before me, the undersigned authority, appeared Ken Hedrick known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Ken Hedrick
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 17th day of September 19 74.

Jerry L. Mynick
MY COMMISSION EXPIRES 3-1-76 Notary Public in and for the County of Lea, State of New Mexico