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TRANSPORTER	OIL 1 GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DEC 15 1969

O. C. C.
ARTESIA, OFFICE

Operator Standard Oil Company of Texas - A Division of Chevron Oil Company	
Address 3610 Avenue S, Snyder, Texas 79549	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request to sell approximately 400 bbls. oil produced while testing well now plugged and abandoned.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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

Lease Name Smith Federal	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee Federal	Lease No. BM 045276
Location Unit Letter J ; 1650 Feet From The South Line and 1650 Feet From The East Line of Section 34 Township 20S Range 24E , 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, 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)	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 34
	Twp. 20S	Rge. 24E
	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			<input checked="" type="checkbox"/>					
Date Spudded 9-15-68	Date Compl. Ready to Prod. 11-7-68		Total Depth 7848		P.B.T.D. 7735			
Elevations (DF, RKB, RT, GR, etc.) 3698.3 GR	Name of Producing Formation Cisco-Canyon		Top Oil/Gas Pay		Tubing Depth 7730			
Perforations 7724-30, 7740-7760					Depth Casing Shoe 7845			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		268		550			
12 1/2" and 11"	8-5/8"		2300		800			
7-7/8"	5-1/2"		7845		400			

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)

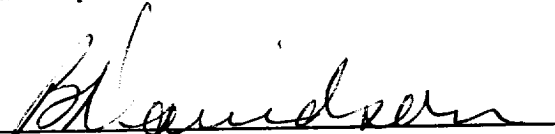
Date First New Oil Run To Tanks 11-8-68	Date of Test 11-8-68 to 1-14-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 2 Months	Tubing Pressure Pump	Casing Pressure Packer	Choke Size None
Actual Prod. During Test	Oil-Bbls. 400	Water-Bbls. 6500+	Gas-MCF Unknown

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.

B. Davidson 
(Signature)

Senior Drilling Supervisor
(Title)

December 12, 1969
(Date)

NOTE: See Sperry-Sun well Survey 10-1-69 for deviation of well.

OIL CONSERVATION COMMISSION

DEC 15 1969

APPROVED _____, 19____

BY **W. A. Gressett**

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.