	NO. OF COPIES RECEIVED	1		- ,			
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	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form			Form C-104		
	SANTA FE	REQUEST FOR ALLOWABLE			Supersedes Old	Supersedes Old C-104 and C-11	
	FILE /_	4	AND		Effective 1-1-65	i	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND I	NATURAL G	BCFIVE		
	LAND OFFICE	_			I A E	O	
	TRANSPORTER GAS	SEP 2 9 1970					
	OPERATOR /				7 1370		
1.	PRORATION OFFICE			- 	0.0		
	Klabzuba, Munson	k, I.O. & Seaman		AR	TESIA, OFFICE		
	1209 Birch, Hurst, Texas 76053						
	Reason(s) for filing (Check proper box)	Other (Please	explain)			
	New Well	Change in Transporter of:			or will #		
	Recompletion	Oil Dry Go	is I change	. lease o	same from		
	Change in Ownership X	Casinghead Gas Conde	nsate I from a	valenche	Laurnal 41		
	If change of ownership give name and address of previous owner	Daniel W. Varel, P. 0	nsate from B. Box 20156, Dal	llis, Texa	s 75220		
II.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, including F Accessack San	`ormation	Kind of Lease		Lease No.	
	White	2 SWD Racetrack San	Andres	State, Federal	or Fee Fee		
	Location						
	Unit Letter / ; 660 Feet From The South Line and 1980 Feet From The West						
	Line of Section 18 To	wnship 10-S Range	28 E , NMPM	, Chav	es	County	
			······································				
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	\S				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approve	ed copy of this form is to	be sent)	
	Salt water disposal	. well					
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address	to which approve	ed copy of this form is to	be sent)	
	Lease hise						
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connecte	ed? When	1		
	give location of tanks.			1			
	version and and and	th that from any other lease or pool,	sive commingling and			,	
	COMPLETION DATA	th that from any other lease or poor,	Rive committing order	indinper:			
. .		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res*	v. Diff. Res'v.	
	Designate Type of Completic	on - (X)		1 1	1	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	12-11-63	- 3-20-64 -	-2500!		- 23151-		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	-	
	3761 DF	San Andres	-21861		- 22421		
	Perforations Bas 30nd	Water Disposal 3 gn	1-2		Depth Casing Shoe		
	(2186' - 2202'): 2262' - 2269' & 2283' - 2289'						
		TUBING, CASING, ANI		i			
	::01 E 517E	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
	HOLE SIZE	10 3/4"	415*				
		4 1/2 "	+		115		
			2320		475		
		2 3/8"	2242				
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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.)		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF		
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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

GAS WELL

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.

Length of Test

Tubing Pressure (Shut-in)

	112111	
_///	La are	
	(Signature)	
Agent		

(Date)

September 22, 1970

(Title)

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

Ola . . . of

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

Bbls. Condensate/MMCF

APPROVED

TITLE

Casing Pressure (Shut-in)

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