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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	Ĺ		
	GAS	<u> </u>		
OPERATOR				

. TEW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWARIE

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

-	FILE	KLQUL31 I	AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	SAS			
ŀ	LAND OFFICE	AUTHORIZATION TO TRA	100 011 012 7110 1711 01712				
Ì	TRANSPORTER OIL						
	GAS OPERATOR						
I.	PRORATION OFFICE						
	Operator	roleum Corporation					
		<mark>737, Roswell, New Me</mark>	exico 88201				
	Reason(s) for filing (Check proper box)	C) and a Manual and a first		ispose of_oil_pro-			
	New Well	Change in Transporter of:	duced while t	esting - Testing			
	Recompletion Oil Dry Gas Allowable 325 BO. Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
II.	II. DESCRIPTION OF WELL AND LEASE						
•	Lease Name Well No. Pool Name, Including Formation						
	Santa Fe 1 Undesignated San Andres State, Federal or Fee						
	Unit Letter H ; 1980 Feet From The North Line and 860 Feet From The East						
	Line of Section 8 Town	nship 10S Range 3	37E , NMPM, L	e a County			
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which appro	and come of this form is to be sent)			
	Name of Authorized Transporter of Oil						
	Admiral Crude 011 Name of Authorized Transporter of Cast	inghead Gas or Dry Gas	Box 1713, Midland, Address (Give address to which appro	eved copy of this form is to be sent)			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	en			
	give location of tanks. Test Tan	<u> </u>	No	TSTM			
	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	n - (X)	X				
	Date Spudded 1/31/70	Date Compl. Ready to Prod Began pump test 2/18/70	Total Depth 5045	500 7			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres	Top Oil/Gas Pay 4972	Tubing Depth 4980			
	Perforations			Depth Casing Shoe			
2 SPI: 4972, 74, 78, 80, 84, 86, 92, 94, & 96 TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4	8-5/8	363	250 circ.			
	7-7/8	4-1/2	5045	250			
		2-3/8	4980				
V.	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 as						
	OIL WELL able 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.)						
				Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	Chore dize			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
	GAS WELL		Thus Continue Continue	Gravity of Condensate			
	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	CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION					
APR 6 10				APR 6 1970 19			
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.			100 St	and at the			
			BY JOHNS				
			TITLE				
	11 0 - 11		This form is to be filed in	compliance with RULE 1104.			
	Hugh C. Hans	efair	If this is a request for allo	owable for a newly drilled or deepened panied by a tabulation of the deviation			

Vice President (Title) 4/2/70

(Date)

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.