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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	L_	
	GAS		
OPERATOR			L
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•	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
1.	LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	ACTION LONG TO THE			
	D & B Oil, Inc.				
	1003 V & J Tower, Mi Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	TIMESS AN EXCE	8//////	
	If change of ownership give name and address of previous owner	THIS WELL HAS BEEN PL DESIGNATED BELOW. IF NOTIFY THIS OFFICE.	ACED IN THE POOL YOU DO NOT CONCUR		
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		Lease No.	
	Clair	1 West Sawyer, S	an Andres State, Federal	or Fee Federal 0337995	
	Location Unit Letter F : 1980	Feet From The North Line	e and 1980 Feet From Ti	ne West	
	22	- 	7- E , NMPM,	Lea County	
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approve	ed copy of this form is to be sent)	
	Mobil Oil Corporation - Name of Authorized Transporter of Cast	- Trucking	Box 900, Dallas, Texas Address (Give address to which approve	75221 ed copy of this form is to be sent)	
	None				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 22 9-S 37-E	Is gas actually connected? When No B	y August 1, 1971	
	If this production is commingled with COMPLETION DATA		V	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completion	1	X		
	Date Spudded 4/30/71	Date Compl. Ready to Prod. 5/19/71	Total Depth 5030 1	P.B.T.D. 5014¹ Tubing Depth	
	Blevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres	Top 0:1/Gas Pay 4940	4970 Depth Casing Shoe	
	Perforations 16 holes 4940'-		A STANSAND DECORD		
	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT				
	12-1/4	8-5/8	417'	250 sxs Circ.	
	7-7/8	4-1/2	5030'	375 sxs.	
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
• •	OIL WELL	ante jor titta de	pth or be for full 24 hours) Producing Method (Flow, pump, gas life	i, etc.)	
	Date First New Oil Run To Tanks	6/17/71	Flowing		
	5/19/71 Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs.	190	500	18/64 Gas-MCF	
	Actual Prod. During Test 59	Oil-Bbls. 59	Water-Bbls.	115	

	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	CE		TION COMMISSION	
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	vith and that the iniormation kives	APPROVED	DIGEDIA:	

VI.

Zack May me (Signature)	Zack Monroe
(Signature)	
Agent	
(Title)	
June 18, 1971	

(Date)

OIL CONSERVATION COMMISSION
APPROVED
SUPERVISOR DISTRICT I

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.

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