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SANTA FE				
FILE U.S.G.S.				
LAND OFFICE	AND OFFICE			
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE			<u> </u>	
				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

t	SANTA FE	•	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE		AND			
-	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS		
-	LAND OFFICE	•				
- 1	TRANSPORTER GAS					
t	OPERATOR		•			
1.	PRORATION OFFICE					
	Operator					
- }	JOHN L. COX					
408 West Wall, Midland, Texas 79701						
ŀ	Reason(s) for filing (Check proper box)	MUST NOT BE				
1	New Well	Change in Transporter of:	FLASED AFTER	3/22/72		
	Recompletion Oil Dry Gas UNLESS AN EXCEPTION TO R-4070 Change in Ownership Casinghead Gas Condensate IC OPT A INDICE.					
l	Change in Ownership	Casanginate duri	dte IS OBTAINED.			
If change of ownership give name						
,	and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR					
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For		r dease No.		
	State, Federal or Fee Foderal 0677					
	U. S. M. I West Sawyer (San Andres) Federal porr					
	B 66	60 Feet From The North Line	and 1980 Feet From T	rhe East		
		_	277	Lea County		
	Line of Section 27 Town	nship 9S Range	37E , NMPM,	Lea County		
	DESIGNATION OF TRANSPORT	ED OF OU AND NATURAL GAS	· · · · · · · · · · · · · · · · · · ·			
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give dudiess to water appro-			
	The Permian Corpora	ation	Box 1183, Houston, S. Address (Give address to which approx	rexas 77001		
	Name of Authorized Transporter of Cas	Inghead Gas 🔀 or Dry Gas 🗔	Address (Give address to which approv	bea copy of this form is to be sent?		
	None designated	Unit Sec. Twp. P.ge.	Is gas actually connected? Who	en		
	If well produces oil or liquids, give location of tanks.	B 27 9S 37E	1	Unknown		
	If this production is commingled with					
IV.	COMPLETION DATA			Inter Duck Some Books Diff Books		
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	1-22-73	5095'			
	1-1-73 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3965.9 GR	San Andres	4976'	4910 Depth Casing Shoe		
	Perforations	•		5095 t		
4976 - 5022 w/11 holes TUBING, CASING, AND CEMENTING RECORD			1 3033			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12½"	8 5/8"	430'	375 sx.		
	7 7/8"	4½"	50951	250 sx.		
				-		
			1	and must be equal to or exceed top allow-		
V	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
	1-22-73	1-24-73	Pump	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure			
	24 hrs.	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	Actual Prod. During Test	139	20	45		
				•		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bols. Condensate MMCF	Siavily of Contambato		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (proof, 500)					
3 /1	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION		
٧,	. CERTIFICATE OF COMPENS			19		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	R		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY way			
		TITLE				
			11	compliance with RULE 1104.		
	Production Clerk (Title) January 25, 1973 (Date)		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, and VI for changes of owner,			
			well name or number, or transporter, or other such change of			
	12	ent 💌	E Canada Forms CalOA mi	ist be filed for each pool in multiply		

Separate Forms C-104 must be filed for each pool in multiply completed wells.