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

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE	KE40E0111	AND	Effective 1-1-6	5	
U.S.G.S.	AUTHORIZATION TO TRAN	=	ATURAL GAS		
LAND OFFICE	ADTHORIZATION TO TAKE				
OIL					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Operator					
John L. Cox					
Address					
408 W. Wall, Midlar	nd, Texas 79701				
Reason(s) for filing (Check proper box)		Other (Please	explain)		
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas				
Change in Ownership	Casinghead Gas Condens	ate			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND L	EASE	-alton	Kind of Lease	Lease No.	
Lease Name	Well No. Pool Name, Including For	. 1	State, Federal or Fee Fee		
Roil	1 W. Sawyer (Sa	an Andres)	Process of the Proces		
Location		- 10	T1= = #		
Unit Letter H; 21:	21 Feet From The North Line	and 519	_ Feet From The East		
0.3	9.6	37E , NMPM	Lea	County	
Line of Section 21 Tow	nship 9S Range	3/E , NMPM,	1100	County	
	CAS	•			
DESIGNATION OF TRANSPORT	or Condensate	Address (Give address t	o which approved copy of this form is	to be sent)	
Name of Authorized Transporter of Oil	Or Condensate [				
10-	inghead Gas 📆 or Dry Gas	Address (Give address t	o which approved copy of this form is	to be sent)	
Name of Authorized Transporter of Cas		Natural Gas	o which approved copy of this form is Liquids, Box 300 noma 74102		
Cities Service Oil		Is gas actually connecte	ed? When		
If well produces oil or liquids,	0.7		3-13-74		
give location of tanks.	H   21   9S   37E	Yes			
If this production is commingled wit	h that from any other lease or pool, a	give commingling order	number:		
. COMPLETION DATA	Oil Well Gas Well	New Well Workover		s'v. Diff. Res'	
Designate Type of Completio		x			
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded 9-28-74	10-23-73	5005			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
3975.9 GR	San Andres	4940	4945		
Perforations	Dan Indues		Depth Casing Shoe		
4940-4992 w/l2	holes		5005		
4540 4552 W/ 12	TUBING, CASING, AND	CEMENTING RECOR	D		
101 5 6175	CASING & TUBING SIZE	DEPTHS		MENT	
HOLE SIZE	8 5/8"	424'	325 sx. (	circl.	
	4½"	5005'	250 sx.		
7 7/8"	42	500.7			
	1				
	OD ALLOWARIE (Test must be of	ter recovery of total vali	ime of load oil and must be equal to o	rexceed top allo	
V. TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hour	s <i>)</i>		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	v, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	Gravity of Condense	Gravity of Condensate	
94	4		Garage parties		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	choke Size	10.00	
Back Pressure	818	818	10/64"-16	10/64"-16/64"	
	CF	OIL	CONSERVATION COMMISSI	ON	
I. CERTIFICATE OF COMPLIAN					
ه الله المالية المالية الله الله الله الله الله الله الله الل	regulations of the Oil Conservation	APPROVED	1	_, 19	
		11 \ /~/	n w. Kungan		
shous is true and complete to th	e best of my knowledge and belief.	BY	1/200		
\$0046 IR (180 mile animbers					

marita Thistantone
Production Clerk
(Title)
March 14, 1974

(Date)

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

If this is a request for allowable for a nawly drilled or despened 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.