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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

SANTA FE FILE	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS
Operator D. M. Norman			
Address 204 Control Put 1	diam Midland Taus 707	01	
Reason(s) for filing (Check proper box,	ding, Midland, Texas 797	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion Change in Ownership X	Oil Dry Gas Casinghead Gas Condens		
If change of ownership give name and address of previous owner	Texam Oil Corporation,	Mutual Savings, Fort	Worth, Texas 76402
I. DESCRIPTION OF WELL AND		Van Nadara Consentan	Kind of Lease
Lease Name L u ma n		ne, Including Formation Sand San Andres	State, Federal or Fee Fee
Location			Nt
Unit Letter H;	Feet From The East Line	e and 1980 Feet From	The North
Line of Section 23 Tov	wnship 8-S Range	34E , NMPM, Roose	evelt County
I. DESIGNATION OF TRANSPORT		S	oved copy of this form is to be sent)
Mobil Oil Corporation		P. O. Box 900, Dallas	s, Texas 75221
Name of Authorized Transporter of Cas		Address (Give address to which appr	
Gulf Oil Corporation If well produces oil or liquids,	Unit Sec. Twp. Rge.	Tulsa, Oklahoma 74103	hen
give location of tanks.	A 23 8S 34E	Yes	
If this production is commingled with COMPLETION DATA	th that from any other lease or pool, a	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff, Res'v.
Designate Type of Completion		X	Prograder Same res vi
Date Spudded	Date Compl. Ready to Prod.	Total Depth 465 0	P.B.T.D. 463 0
12-5-62 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4250.5 DF	San Andres	4601	4630 Depth Casing Shoe
4601-4623, 1/ft			465 0
		CEMENTING RECORD	CACKE CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 427	SACKS CEMENT 260
7 1/8	5 1/2	4650	250
	2	4630	-
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be as able for this de	fter recovery of total volume of load of pth or be for full 24 hours)	il and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	G-21-72 Tubing Pressure	Casing Pressure	Choke Size
24 hrs	A. C.		
Actual Prod. During Test 10	Oil-Bbls.	Water-Bbls.	Gas-MCF 10
GAS WELL	, , , , , , , , , , , , , , , , , , ,	Dile Control ANGE	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVEDUN	<u>26 1972</u> , 19
Commission have been complied	with and that the information given e best of my knowledge and belief.	BY MAN	men
2		TUTLE SUPERV	JISOR DISTRICT I
f. Jane	7	17/2-	compliance with RULE 1104.
William	250	If this is a request for all	owable for a newly drilled or deepened
1	nature)	tests taken on the well in acc	panied by a tabulation of the deviation ordance with RULE 111.
Operator		All sections of this form n	nust be filled out completely for allow-

A Marian	
(Signature)	
Operator	
(Title)	
June 22, 1972	
(Date)	ĺ

able 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.

The se till

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DUM 23 1072

OIL CONSURVATION COMM.
HULLS, M. M.