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DISTRIBUTION							
SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1.				
FILE		FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	C Effective 1-1-65				
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GASEP 37				
LAND OFFICE			1 42 114				
IRANSPORTER			S 11 355				
GAS							
OPERATOR							
I. PRORATION OFFICE							
		Non-operator:					
Address	oleum Company	Warren American Oil	1 Company				
<b>P. O. Box 179</b> Reason(s) for filing (Check proper bo	() MIQLANG, TOXAS	Other (Please explain)					
New Well	Change in Transporter of:						
Recompletion	Oil Dry Go	as an					
Change in Ownership	Casinghead Gas 📃 Conde	nsate					
If change of our or ship give nome		· · · · · · · · · · · · · · · · · · ·	······································				
If change of ownership give name and address of previous owner							
I. DESCRIPTION OF WELL ANE	TEARE						
Lease Name		ime, Including Formation	Kind of Lease				
State 32-7-	.33 6 Cha	averoo-San Andres	State, Federal or Fee State				
Location							
Unit Letter;	60Feet From TheSouth_Lin	ne and <b>1980</b> Feet From	n The East				
Line of Section <b>32</b> , T	ownship <b>7-S</b> Range	33-E , NMPM, RO	osevelt County				
I. DESIGNATION OF TRANSPOI Name of Authorized Transporter of O	TER OF OIL AND NATURAL GA		roved copy of this form is to be sent)				
	A		,				
Magnolia Pi	<b>peline Company</b> dsinghead Gas or Dry Gas	Address (Give address to which app	allas, Texas roved copy of this form is to be sent)				
	Unit Sec. Twp. Ege.	Is gas actually connected?	Vhen				
If well produces oil or liquids, give location of tanks.							
If this production is commingled w COMPLETION DATA	with that from any other lease or pool,	give commingling order number:					
<b>*</b>	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Designate Type of Complet	ion - (X)						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
8-27-65	9-21-65	4480'	4472 '				
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Chaveroo	San Andres	4227 <b>'</b>	4470'				
Perforations 2 shots eac	ch $0: 4227, 32 \times 44, 6$	2, 70, 93, 4304,	Depth Casing Shoe				
16, 26, 36	<u>49, 72, 85, 4440 &amp;</u>	4449	4430'				
		D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
12-1/4"		377 •	225				
7_7/8"	4-1/2"	4480	325				
		<u>\</u>	t				
V. TEST DATA AND REQUEST I OIL WELL		ofter recovery of total volume of load of epth 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	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/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size				
		1					
I. CERTIFICATE OF COMPLIAN	NCE		ATION COMMISSION				
		APPROVED	, 19				
	regulations of the Oil Conservation with and that the information given		, \7				
	he best of my knowledge and belief.						
H. N. Browner		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 m	nust be filled out completely for allow-
				District Sup	erintendent	able on new and recompleted w	
/1	000 1055		I, and VI only for changes of owner, orter, or other such change of condition.				
September <sup>(1</sup>	20,100		ist be filed for each pool in multiply				
		completed wells.	poor in marcipity				