| NO. OF COPIES REC | EIVED | |
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| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | - |
| LAND OFFICE | | t |
| TRANSPORTER | OIL | 1 |
| | GAS | |
| OPERATOR | | |
| PRORATION OF | ICE | |
| Operator | | |
| | nily (d | 1 00 |
| Address | | |
| Bes | t 730 - | Hob |
| Reason(s) for filing | Check pro | per box |
| New Well | I | |
| Recompletion | | |
| . m.completion | | |

Dist. Superintendent

September 17, 1965
(Date)

II.

III.

IV.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

| 11.5.0.5 | | AND | Effective 1-1-65 |
|--|--|---|---|
| U.S.G.S. LAND OFFICE | AUTHORIZATION TO T | AND RANSPORT OIL AND NATU | RALGAS |
| 011 | + | | · - 41 111 165 |
| TRANSPORTER GAS | | | - |
| OPERATOR | | | |
| PRORATION OFFICE | | | |
| Operator | | | |
| Address Smally (d) | Company | | |
| Best 730 - | Hobbs, New Mexico | | |
| Reason(s) for filing (Check prope | r box) | Other (Please explai | |
| New Well | Change in Transporter of: | Omer (Flease explai | n) |
| Recompletion | Oil Dry | Gas | |
| Change in Ownership | Casinghead Gas Cond | densate | |
| If change of ownership give nar | me | | |
| and address of previous owner | | | |
| DESCRIPTION OF WELL A | ND I GACE | | |
| Lease Name | | Name, Including Formation | Kind of Lease |
| Hobbs "T" | | verce - Sam Andres | State Federal or For |
| Location | | Maria January District Williams | State State |
| Unit Letter ; | Feet From The South L | ine and Feet | From The |
| | | | Tom The |
| Line of Section | Township Range | 33-E , NMPM, | Roosevelt. County |
| DESIGNATION OF TRANSP | ORTER OF OIL AND NATURAL G | IAC | |
| Name of Authorized Transporter of | or Condensate | | approved copy of this form is to be sent) |
| The Permian Corpore | ation | P. O. Box 4157 - | |
| Name of Authorized Transporter of | Casinghead Gas or Dry Gas | Address (Give address to which | approved copy of this form is to be sent) |
| Nome | | - | , |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? | When. |
| | "7" 33 7-8 33-E | No | • |
| f this production is commingled COMPLETION DATA | with that from any other lease or pool | , give commingling order number | r: |
| | Cil Well Gas Well | New Well Workover Deepe | en Dive Deale Constitution |
| Designate Type of Comple | etion = (X) | X Deep | en Plug Back Same Res'v. Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| August 25, 1965 | Sept. 15, 1965 | LLBO | Mooi |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Chaveroe Sen Andres Perforations | San Andres | 42241 | 42321 |
| | | | Depth Casing Shoe |
| 4224-43441 (interval | | D. CENEVITAIN DE LA COMP | 44751 |
| HOLE SIZE | CASING & TUBING SIZE | D CEMENTING RECORD | |
| 11* | A. C. Man | DEPTH SET | SACKS CEMENT |
| 7-7/8" | L. 2 /20 | 350! | 250 |
| | 2-3/9" | 1,2221 | 250 |
| | | | |
| TEST DATA AND REQUEST OIL WELL | | fter recovery of total volume of load | d oil and must be equal to or exceed top allow- |
| Date First New Oil Run To Tanks | Date of Test | spin or be for full 24 nours) | |
| Sept. 15, 1965 | Sept. 17, 1965 | Producing Method (Flow, pump, g | as lift, etc.) |
| ength of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs. | ** | | onone bize |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 170 bbls. | 40 bbl.s. | 130 bbls. | 6 5 m ep |
| TAC SEFER E | | | |
| GAS WELL Actual Prod. Test-MCF/D | Length of Test | | |
| | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| resting Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | |
| | | Casing Flessure | Choke Size |
| ERTIFICATE OF COMPLIA | NCE | 011 00110 | 21/0 7101/5 71 |
| | | OIL CONSER | RVATION COMMISSION |
| hereby certify that the rules and | d regulations of the Oil Conservation | APPROVED | , 19 |
| ommission have been complied | with and that the information given he best of my knowledge and belief. | | , 13 |
| proto to t | sees of my knowledge and belief. | BY | T-0. |
| (GRIGINAL) H. E. Ach | | TITLE | |
| | | This form is to be filed | in compliance with RULE 1104. |
| | | If this is a request for a | llowable for a newly drilled or deepened |
| Dist. Superini | nature) | well, this form must be according tests taken on the well in according to the well. | mpanied by a tabulation of the deviation |
| Vario diversi | Company of the case of the cas | l | TOLE III. |

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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