Address	1846	East	
	GERO	ROIL	
Operator			
PRORATION OF	TICE		
OPERATOR			
TRANSFORTER	GAS		
ÍRANSPORTER	OIL		
LAND OFFICE	AND OFFICE		
U.S.G.S.			
FILE			
SANTA FE			
DISTRIBUTIO	ИС		
NO. OF COPIES REC	EIVED		

NEW MEXICO OIL CONSERVATION COMMISSION

146hm C-101	
Supersedes O	d C-104 and C-110
Supersed est Of Effective 1-1-	°EE O. O. O
1/25	<i>-: ₽.</i> F <i>A</i> 1.
	AM SEE

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes, Old C-104 and C-110 Effective 1-1-68' E O. C. G. GAS // 25 AM 365
	FILE		AND	Office 1-1-68'E
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS $\mathcal{I}_{\mathcal{J}}}}}}}}}}$
	LAND OFFICE			1/ 25 Au
	OIL			HM 366
	TRANSPORTER GAS			99
	OPERATOR			
	PRORATION OFFICE	-		
"·	Operator			
	GEROR DIL	LIMITED 1962		
-	Address			
	1846 East	t Broadway, Tucson,	Arizona	
-	Reason(s) for filing (Check proper box		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry C	eas C	
	Change in Ownership		ensate	
L	Shange in Owner ship	Casinghead Gas Cond	enoute	
3	If change of ownership give name			
6	and address of previous owner			
				AUEROO-SAN ANDRES
11.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool N	Jame, Including Fermation R-3043	Kind of Lease
				State, Federal or Fee Federal
	ROYAL-FEDERAL	1 Cha	Aston 294 whotes exe	AGRIGI
	Location	em	668	50 H
	Unit Letter P; 60	50 Feet From The South L	ine and 660 Feet From	The Worth GAST
				_
	Line of Section 19 , To	wnship 7 South Range	33 East , NMPM,	Roosevelt County
III.		TER OF OIL AND NATURAL G	AS	
	Name of Authorized Transporter of Oi	-		oved ccpy of this form is to be sent)
	McWood Corporati	Lo n	, 2003 Wilco Bldg., P	
ľ	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appr	roved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen
	give location of tanks.	P 19 7 8 33 6	Na	?
1	70.4	th that from any other lease or poo	l give commingling order number	
	COMPLETION DATA	tin that from any other lease of poor		
7.		Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completi	on - (X)	X	
	Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.E.T.D.
	10-25-65	11-30-65	4675	4578
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tuking Depth
		San Andres	4150	4211
	Chaveroo Perforations	Jan Andrea	7230	Depth Casing Shoe
1		En 61 67 70 9/ 97		4608
1	4221,45,47,54	,59,61,63,78,84,87	ND CEMENTING RECORD	1000
				SACKS CEMENT
	HOLE SIZE .	CASING & TUBING SIZE	DEPTH SET	
	11"	8 5/8	349	175 275
	7 7/8	5 ½	4608	<u> </u>
		2 tbg	4221	
V.	TEST DATA AND REQUEST F			il and must be equal to or exceed top allow-
	OIL WELL		depth or be for full 24 hours) Producing Method (Flow, pump, gas	7:6
			Producing Method / r low. Dumb. 208	tiji, etc.)
	Date First New Oil Run To Tanks	Date of Test		• • •
	Date First New Oil Run To Tanks 11-30-65	11-30-65	Flow	
·				Choke Size
	11-30-65 Length of Test	11-30-65	Casing Pressure	Choke Size
	11-30-65	11-30-65 Tubing Pressure 130# Oil-Bbls.	Casing Pressure 270# Water-Bbls.	Choke Size 25/64* Gas-MCF
	11-30-65 Length of Test 8 hours	11-30-65 Tubing Pressure 130#	Casing Pressure	Choke Size
	11-30-65 Length of Test 8 hours	11-30-65 Tubing Pressure 130# Oil-Bbls.	Casing Pressure 270# Water-Bbls.	Choke Size 25/64* Gas-MCF
	11-30-65 Length of Test 8 hours	11-30-65 Tubing Pressure 130# Oil-Bbls.	Casing Pressure 270# Water-Bbls.	Choke Size 25/64* Gas-MCF
	11-30-65 Length of Test 8 hours Actual Prod. During Test	11-30-65 Tubing Pressure 130# Oil-Bbls.	Casing Pressure 270# Water-Bbls.	Choke Size 25/64* Gas-MCF
	11-30-65 Length of Test 8 hours Actual Prod. During Test GAS WELL	11-30-65 Tubing Pressure 130# OII-Bbls. 91	Casing Pressure 270# Water-Bbls.	Choke Size 25/64* Gas-MCF 50
	11-30-65 Length of Test 8 hours Actual Prod. During Test GAS WELL	11-30-65 Tubing Pressure 130# OII-Bbls. 91	Casing Pressure 270# Water-Bbls.	Choke Size 25/64* Gas-MCF 50
	11-30-65 Length of Test 8 hours Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	11-30-65 Tubing Pressure 130# Cil-Bbls. 91	Casing Pressure 270# Water-Bbls. 0 Bbls. Condensate/MMCF	Choke Size 25/64 ** Gas-MCF 50 Gravity of Condensate

VI. CERTIFICATE OF COMPLIANCE

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

APPROVED

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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 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 completed wells.

Agent 12-14-65 (Date) #1 Royal-Federal hole deviation record:

3521	1 0
849	§
1339	$\frac{1}{2}$
1803	3
22 77	13
26 58	14
3194	1_
3563	34
385 0	3
4030	14
4194	1_
4432	7
4644	14

STATE OF NEW MEXICO COUNTY OF EDDY

Edward E. Kinney

Subscribed and sworn to before me this $14^{\underline{m}}$ day of December, 1965.

Notary Public

My Commission expires August 28, 1969