

DUPLICATE

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(DEVIATION SURVEYS ON BACK SIDE)

I. OPERATOR

Operator Law American Petroleum Corp.

Address Box 68 Hobbs N.M. 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
<u>J. F. FARRELL - USA</u>	<u>4</u>	<u>CHAUEROO SAN ANDRES</u>	State, Federal or Fee <u>FED.</u>
Location			
Unit Letter	<u>660</u>	Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u>	
Line of Section	<u>28</u>	Township <u>7-S</u> Range <u>33-E</u> NMPM, <u>ROOSEVELT</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>THE PERMIAN CORP - TRUCKS</u>	<u>Box 3119, MIDLAND, TEXAS</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>J</u>	<u>28</u>	<u>7</u>	<u>33</u>	<u>No</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>11-4-65</u>	<u>11-22-65</u>	<u>4455'</u>	<u>4420</u>					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>CHAUEROO</u>	<u>SAN ANDRES</u>	<u>4257'</u>	<u>NA</u>					
Perforations <u>4257-59; 4265-67; 4273-75; 4282-84; 4290-93; 4302-04; 4310-12; 4316-18; 4343-45; 4398-4402</u>			Depth Casing Shoe					
			<u>4455'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>11"</u>	<u>8 5/8"</u>	<u>407'</u>	<u>250 - CUC</u>					
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>4455'</u>	<u>350.</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>11-27-65</u>	<u>11-28-65</u>	<u>PUMPING</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24</u>	<u>-</u>	<u>-</u>	<u>-</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>84</u>	<u>5</u>	<u>NA</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Area Sup't (Signature)
11-29-65 (Date)

Dist
044 - NMCC
1 - JWA
1 - JMG
1 - SUSD
1 - RRY
2 - Champlin
1 - Warren Amer
1 - Kern Co
3 - Tom Brown

OIL CONSERVATION COMMISSION
APPROVED NOV 29 1965, 19____
BY Engineer District 9
TITLE _____

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 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.

DEVIATION SURVEYS

DEPTH	DEGREES
407	1/4
885	"
1354	1/2
1945	1 1/4
1636	3/4
2444	1 1/4
2911	1 1/4
3380	2 1/4
3710	1 -
4151	1/2
4455	1/2

The above are true to the best of my knowledge

V.E. STALEY, AREA SUPT.

Sworn to this date, the 29th Day of November, 1965

D.R. Moorhead
D.R. MOORHEAD, NOTARY PUBLIC
IN & FOR LEA Co. N.M.

My Commission Expires 6-18-68

