

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JUN 24 7 57 AM '66

San American Petroleum Corp
Box 68, Hobbs, N M 88240

Other (Please explain) <i>Casinghead gas- Formerly vented.</i>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
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DESCRIPTION OF WELL AND LEASE	
State <i>DA</i>	Well No. <i>1</i> Name, including Formation <i>Chaveroo San Amores</i>
Kind of Lease <i>State</i>	State, Federal or Private
Section <i>E 1980</i>	Feet From The <i>NORTH</i> Line and <i>660</i> Feet From The <i>WEST</i>
Range <i>35</i>	Township <i>7-S</i> Range <i>33-E</i> , NMDM, <i>ROOSEVELT</i> County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS	
Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Magnolia Pipe Line Co</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 900 Dallas, Texas</i>
Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Capitan Inc</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 19598, Dallas, Texas</i>
Is gas actually connected? <i>YES</i>	When <i>6-11-66</i>

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug back <input type="checkbox"/> Same Res'ty. <input type="checkbox"/> Diff. Res'ty. <input type="checkbox"/>		
Date Compl. Ready to Prod.	Total Depth		
Name of Producing Formation	Top Oil/Gas Pay		
	Tubing Depth		
	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
(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)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Location of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.	
(Signature)	<i>Area Supt</i>
(Title)	<i>6-22-66</i>
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	
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.	