NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OIL		
GAS		
OPERATOR		
PRORATION OFFICE		
	OIL GAS	OIL G AS

## NEW MEXICO OIL CONSERVATION COMMISSION RECORDS DESCRIPTION COMMISSION AND

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

U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE	AUTHORIZATION OF TRA	NATURAL AND NATURAL	GAS
Operator	GEROR DIL LIMITED 19	962	•
Address 1846 East 6	Broadway. Tucson, Ar	izona	
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AND	LEASE Well No. Pool Nam	ne, Including Formation	Kind of Lease
ROYAL-FEDERAL	5 / Cha	veroo-San Andres	State, Federal or Fee Federal
Location		verou-San Andres R	
Unit Letter N ; 6	Feet From The South Line	A Park	n The <u>Last</u>
Line of Section 19 , To	wnship 7 South Range 33	East , NMPM,	County County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s	
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which app 2003 Wilco Bldg., M	roved copy of this form is to be sent)
Name of Authorized Transporter of Co	singhead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
			40
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 19 7 5 33 E	No	When 7
If this production is commingled w	ith that from any other lease or pool,		Plug Back   Same Res'v.   Diff. Res'v
Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-25-66	2-17-65	4695	4575 Tubing Depth
Pool	Name of Producing Formation  San Andres	Top Oil/Gas Fay 4146	4088
Chaveroo Perforations	Dall MHULES		Diepth Casing Shoe
4146,59,70,	4206,25,38,47,51,56,70	CEMENTING RECORD	4601
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11 ½	8 5/8	363	175
7 7/8	5 ½	4601	340
TEST DATA AND REQUEST 1		fter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top ailou
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-17-66	2-17-66	Swab Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Cdsing Fressure	, disease in .
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	58:	0	
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
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
		APPROVED	, 19
Campingion have been complied	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.		
above is true and complete to t			BY
	<u>///</u>	TITLE	
Agent (Signatufe)		realization and used for a	in compliance with RULE 1104.
		If this is a request for allowable for a newly drilled or deepene 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 allow
3/7/66	Title)	able on new and recompleted wells.	
(Date)		well name or number, or transporter, or other such changes of condition	

Separate Forms C-104 must be filed for each pool in multiply completed wells.

## MAR 8 11 62 M '56

The undersigned hereby affirsm that the following is a true and correct copy of the deviation record of the Geror Oil Limited 1962 #5 Royal-Federal well:

3651	₹.0
865	<del>3</del>
1397	<del>3</del>
1915	1
2341	į
3160	27
3251	23
3600	1 <del>1</del>
3870	-3
4041	<u> 3</u>
4300	3 4
4453	· · · ·
4695	7
4093	- T

Edward E. Kinnay

STATE OF NEW MEXICO COUNTY OF EDDY

Subscribed and sworn to before me this  $7^{\underline{\mathrm{m}}}$  day of March, 1966.

Notary Public

My commission expires August 28, 1969