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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

(DEVIATION SURVEYS)

HOBBS OFFICE O.C.C.

Mar 8 9 12 AM '66
Form C-104
Supersedes Old C-104 and C-110
1-65

I. Operator San American Petroleum Corp.
Address Box 68, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

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>STATE "D B"</u>	<u>1</u>	<u>CHAVEEROO SAN ANDRES</u>	State, Federal or <u>State</u>
Location	<u>Chaveeroo-San Andres R-3056</u>		
Unit Letter <u>D</u>	<u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u>		
Line of Section <u>25</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 checked="" 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>D 25 7 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <u>2-19-66</u>	Date Compl. Ready to Prod. <u>3-2-66</u>	Total Depth <u>4388'</u>	P.B.T.D. <u>4357'</u>
Pool <u>CHAVEEROO</u>	Name of Producing Formation <u>SAN ANDRES</u>	Top Oil/Gas Pay <u>4174'</u>	Tubing Depth <u>4345'</u>
Perforations <u>4174-76, 86-90, 4202-10, 18-20, 24-36, 30-32, 36-38, 48-49, 50-51, 53-54, 57-60, 67-68, 70-72, 4302-04, 08-13, 22-28, 34-36, W/2JSPF.</u>	Depth Casing Shoe <u>4388'</u>		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8 5/8"</u>	<u>437'</u>	<u>225</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>4388'</u>	<u>500</u>
	<u>2 3/8"</u>	<u>4345'</u>	

V. 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 <u>3-3-66</u>	Date of Test <u>3-3-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOWING</u>
Length of Test <u>24</u>	Tubing Pressure <u>75"</u>	Casing Pressure <u>550"</u>
Actual Prod. During Test <u>222</u>	Oil-Bbls. <u>220</u>	Water-Bbls. <u>2</u>
		Gas-MCF <u>118</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.

04 3-NMOC-14

1- JWB
1- CJP
1- BJS
1- RZy

(Signature)

AREA SUPT

(Title)

3-7-66

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 deviated well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells, including new and recompleted wells.

Fill out Sections I, II, III, and V only for changes of well name or number, or transporter or other such change of data.

Separate Forms C-104 must be filed for each well.