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|-----|--|--|---|--|--|
| ſ | NO. OF COPIES RECEIVED |] | | | |
| Ì | DISTRIBUTION | | | Form C-104 | |
| ſ | SANTA FE | | FOR ALLOWABLE | Supersedes Old C-104 and C-110 | |
| Ì | FILE |] | AND . | Effective 1-1-65 | |
| | U.S.G.S. | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL | GAS | |
| | LAND OFFICE | | | | |
| [| TRANSPORTER OIL | | | | |
| | GAS | | | | |
| [| OPERATOR | | e. | | |
| 1. | PRORATION OFFICE | | | | |
| | Operator / | 1 10 10r | and the Deve | | |
| | LINTER C | IL Co - OFE | KHTTIG VIVI. | SIGN | |
| | PIT NORTH MATER WICHITA KANSAS 67202 | | | | |
| | RI ICKTY | 4 LUATER, W | | HS GILOR | |
| | Reason(s) for filing (Check proper box | | Other (Please explain) | | |
| | | Change in Transporter of: Oil Dry C | | | |
| | Recompletion | | ensate | | |
| | Change in Ownership | Casinghead Gas Condu | | | |
| | If change of ownership give name | AN AMERICAN ST | TROLEIN CORPBO | x 68, HOBBS, N.M. | |
| 11. | DESCRIPTION OF WELL AND | LEASE Well No.; Pool Name, Including | Formation Kind of Lea | se Lease No. | |
| | Lease Name | | SAN ANDRES State, Fode | | |
| | DRAPLEY | A CHAIFLOO. | SAN TINDES | 7.5.2 | |
| | | 1 Feet From Then SUT 14_L | ine and 1950 Feet From | The EAST | |
| | Unit Letter;;; | | | _ | |
| | Line of Section 24 To | wnship 7-5 Range | 33-E, NMPM, 15003 | SEVELT County | |
| 111 | DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL G | AS | | |
| | Name of Authorized Transporter of Oli | S/ or Condensate | Address (Give address to which app | oved copy of this form is to be sent) | |
| | MARI PIEFLINA | ϵ (α | BOUGGO DALL | AS EXAS | |
| i | Nome of Authorized Transporter of Ca | singhead Gas 🗙 or Dry Gas 🗔 | Address (Give address to which app | oved copy of this form is to be sent) | |
| | CITIES SERVIC | E AL PA | BUCK 69 HUBBS | NEW MEXICO | |
| | Munall and uses all or liquids | Unit Sec. Twp. Rge. | | then | |
| | If well produces oil or liquids, give location of tanks. | N 24 7-5 33 L | 155 | 6-25-66 | |
| | If this production is commingled wi | th that from any other lease or pool | . give commingling order number: | | |
| | COMPLETION DATA | | | | |
| | Designate Type of Completion | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | |
| | I legignate type of Lompleth | | | | |
| | Designate Type of comptete | | k l | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | | Date Compl. Ready to Prod. | | | |
| | | | Total Depth Top Oil/Gas Pay | P.B.T.D. Tubing Depth | |
| | Date Spudded | Date Compl. Ready to Prod. | | Tubing Depth | |
| | Date Spudded | Date Compl. Ready to Prod. | | | |
| | Date Spudded Elevations (DF, RKB, RT, GR, etc., | Date Compl. Ready to Prod. Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| | Date Spudded Elevations (DF, RKB, RT, GR, etc., | Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A | Top Oil/Gas Pay | Tubing Depth Depth Casing Shoe | |
| | Date Spudded Elevations (DF, RKB, RT, GR, etc., | Date Compl. Ready to Prod. Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
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| | Date Spudded Elevations (DF, RKB, RT, GR, etc.; Perforations HOLE SIZE | Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AI CASING & TUBING SIZE | Top Oil/Gas Pay | Tubing Depth Depth Casing Shoe SACKS CEMENT | |
| V. | Date Spudded Elevations (DF, RKB, RT, GR, etc.; Perforations | Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AI CASING & TUBING SIZE | Top Oil/Gas Pay ND CEMENTING RECORD DEPTH SET after recovery of total volume of load a | Tubing Depth Depth Casing Shoe | |
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| M.I. Alsenbrey Prod. Clerk | (Signature) | |
| , | (Title) | |
| <u>l-27.70</u> | (Data) | |

(Date)

| TIT | VE |
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| | |
| 1 | This form is to be filed in compliance with RULE 1104. |
| | If this is a request for allowable for a newly drilled or deepened |
| we | it this form must be accompanied by a tabulation of the deviation |
| | ta taken on the well in accordance with RULE 111. |

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of dwner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply

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|----------------|---|---|--|--|--|--|
| ┝ | DISTRIBUTION | NEW MEXICO OIL CO | onserver downission | Form C+104 | | |
| Ľ | SANTA FE | REQUEST A | FOR ALLOWABLE | Supervedee Old C-104 and C-110 Ellocity 1-1-65 | | |
| | FILE | | NSPORT OLL AND MAY ATRAL G | Fueries 1-1-22 | | |
| + | LAND OFFICE | AUTHORIZATION TO TRAI | NSPORT OIL AND WATURAL G | iAS | | |
| f | TAANSPORTER OIL | | | | | |
| + | OPERATOR | | | | | |
| - ا | PROBATION OFFICE | ••• | | | | |
| [| PAN AMERICAN P | etroleum Corp. | | | | |
| | | | | | | |
| 6 | Box CB Hobbs Reason(s) for filing (Check proper box) | Box 68 Hobbs New Mexico 88240 Other (Please explain) | | | | |
| | (eoson(s) for tiling (Check proper ous) New Well | Change in Transporter els | | ••• | | |
| | | Oil Dry Gas | | | | |
| 1 | Change in Ownership | Casingheod Gas 🔀 Condeni | Formerly: CA | pitAN, INC. | | |
| | I change of ownership give name nd address of previous owner | • . | | · | | |
| | х, Х, | | | , | | |
| ſ | ESCRIPTION OF WELL AND | Well No. Pool Name, Including Fo | | | | |
| | Bradley | 2 Chaveroo Sa | NANDRES State, Federal | I or Foo Fee | | |
| | Location Unit Letter 0 1 66 | O Feel From The South Line | e andFeel From 7 | The EAST | | |
| | | mahip 7-S Range | | osevelt County | | |
| با | | TED OF OIL AND NATURAL OA | S | 2 | | |
| л. Т Г | Name of Authorized Transporter of Oli | CER OF OIL AND NATURAL GA | Address (Give address to which approv | ved copy of this form is to be sent) | | |
| 1 | MAZNOLIA Pipe Line C Name & Authorized Transporter of Case | | Box 900 Dallas To Address (Give address to which approv | X43 | | |
| ſ | | | | | | |
| - | Cities Service Oil Con | Unit Sec. Twp. Rge. | Box 69 Hobbs A Is gas actually connected? Whe | lew Mexico | | |
| | If well produces oil or liquids, give location of tanks, | N 24 7-5 33-E | yes | 6-25-66 | | |
| - 1 V. (| f this production is commingled wit COMPLETION DATA | h that from any other lease or pool, i | | | | |
| ſ | Designate Type of Completio | on — (X) | New Well Workover Deepen | Plug Back Same Res'v, Dill. Res'v. | | |
| - | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | | | | | | |
| | Perforations | | | Depth Casing Shoe , , | | |
| ŀ | | TUBING, CASING, AND | CEMENTING RECORD | | | |
| Ľ | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| - | | | | | | |
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| ľ | | | l | | | |
| | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a) able for this de | fter recovery of total volume of load oil pth or be for full 24 hours) | and must be equal to or exceed top allow- | | |
| | DII, WELL Dute First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas II) | (1, =1c.) | | |
| | | Tubing Breedure | Casing Presewte | Choke Size | | |
| | Length of Test | Tubing Pressure | Arriva Lineara | | | |
| - | Actual Prod. During Test | Cil-Bble. | Water-Bble. | Gas•MCF | | |
| L | | | | | | |
| , | GAS WELL | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | | |
| | Actual Prod. Teet-MCF/D | | | | | |
| | Teeting Method (picot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| L 1. (| CERTIFICATE OF COMPLIANC | DE (| OIL CONSERVA | TION COMMISSION | | |
| | I hereby certify that the rules and regulations of the Oil Conservation | | APPROVED | | | |
| 1 | "ommination have been complied w | ith and that the information given | | | | |
| 01 | above is true and complete to the best of my knowledge and belle! 14-NMOCC-H | | | | | |
| | -06P | | TITLE | | | |
| 7 | -SUBP -RY | | 11 | compliance with RULE 1104. | | |
| λ | | | well, this form must be accompa | wable for a newly drilled or deepened inied by a tabulation of the deviation | | |
| | AREA Superintendent | | tests taken on the well in account | rdance with RULE 111. | | |
| - | (Ти | (Tule) | | All sections of this form must be filled out completely for sllow- able on new and recompleted wells. | | |
| • | | -27-67 | Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. | | | |
| | (01 | | | | | |

| DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE DIL TRANSPORTER GAS | REQUEST F | NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA JUN 29 7 41 111 66 | Form C +104 Superscedes Old C-104 and C-110 Effective 1-1-65 |
|---|---|---|---|
| CPERATOR I. PROBATION OFFICE TAN A MERIC F Anterna Keassa(s) for filing (Check proper box) New Well | BBS, NEW ME Change in Transporter of: Oil Dry Gas | XICO 882416 Other (Please explain) | N |
| If change of ownership give name and address of previous owner | Casinghead Gas X Condens | ate GAS FORME | RLY VENTED. |
| · · · | ADLEY 2 CHAVI | | Kind of Lease State, Federal or Fee FEE he <u>EAST</u> EVELT County |
| | or Condensate | Address (Give address to which approv P.O. Box 900 D Address (Give address to which approv P.O. Box 19598 Is gas actually connected? Whe | ALLAS TEXAS |
| If this production is commingled with IV. COMPLETION DATA Designate Type of Completion Date Opadded | h that from any other lease or pool, f | give commingling order number: New Well Workover Deepen Total Depth Top Oil/Gas Pay | Plug Back Same Restv. Diff. Restv. |
| HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE | D CEMENTING RECORD | Depth Casing Shoe SACKS CEMENT |
| V. TEST DATA AND REQUEST F OIL WELL | OR ALLOWABLE (Test must be a) able for this de | fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas li | and must be equal to or exceed top allow- |
| Lemeth of Test Actual Pred, During Test | Tubing Pressure Oil-Bbls. | Casing Pressure Water-Bbls. | Chok-Size Gas-MCF |
| GAS WELL Actual Prod. Test-MCF/D | Length of Test Tubing Pressure | Bbls. Condensate/MMCF Casing Pressure | Gravity of Condensate Choke Size |
| VI. CERTIFICATE OF COMPLIAN 1 hereby certify that the rules and | CE regulations of the Oil Conservation | · · · · · · · · · · · · · · · · · · · | ATION COMMISSION |
| Commission have been complied above is true and complete to th 0x3 - NMOCC - H 1 - NSW 1 - OBP 1 - SU3P 1 - SU3P 1 - SU3P 1 - REY 1 - REY | with and that the information given e best of my knowledge and belief. | If this is a request for allowell, this form must be accompations tests taken on the well in accompany of the sections of this form must be on new and recompleted we will be | compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation rdance with RULE 111. ust be filled out completely for allow- |

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