NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE u.s.g.s. LAND OFFICE TRANSPORTER GAS

I.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARLE, C.C.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

PRORATION OFFICE	Man Amaret are	Warren American Oil Company
Chemplin Fetroloum Compu		
P. C. Box 1797, Midland Reason(s) for filing (Check proper box)		Other (Please explain)
	Change in Transporter of:	
New Well	Oil Dry Gas	

If change of ownership give name and address of previous owner ____ San Andres Chautrao-II. DESCRIPTION OF WELL AND LEASE Well No. State, Federal or Fee Chaveros-San Andrea Farrell-Federal Federal IM 0108997 2 Location 19801 Feet From The _____ Line and Unit Letter NMPM. Hocesvel: Township 7-8 Range 33-2 Line of Section 30 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) P. O. How 3119, Midland, Texas The Penalen Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Is gas actually connected? When If well produces oil or liquids, give location of tanks. 7-6 33-8 30 Vented If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Resty. Diff. Resty. Gas Well New Well Workover Deepen Oil Well Designate Type of Completion -(X)I I P.B.T.D Date Compl. Ready to Prod. Date Spudded 4430 4433 **}-25-66** 3-10-66 Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 4369 Sam Andres *161, *179, *192, *223, *308, *36*, * *372.* 3510 Perforations 2 Depth 4428 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET 3621 225 sucks 2) esche 4430 7-7/0 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Bun To Tank Date of Test 4-9-66 Punjang Choke Size Casing Pressure Tubing Pressure Length of Test ater - Bbls. Gas - MCI Actual Prod. During Test Oil-Bhis. 55 70 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure Tubing Pressure Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 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 from the complete the post of the complete th

acres previously submitted with application to

drill	W77 Pareouen	
	District Superint andent	
	April 11, 1966 (Title)	

(Date)

APPROVED		, 19
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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 only Sections I, II, III, and VI for changes of owner, ell 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.

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COUNTY	OF	ИI	DL A	<u> </u>	 				
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REFORS ME, the undersigned authority on this day personally appeared

When the foregoing and asknowledged to me that he executed the same for the purpose expressed.

Given under my hand and seal of office this the <u>lith day of April</u> a.D. 1966.

Notary Public in and for Midland County, Toxas.

Committee Commit

88' MA 50 11 SI 89A 88' WA PE 6 11 02 AM '66