HEN MEATOURE CONSENSE TION COMMISSION ANTAFE Form C-16 REQUEST FOR ALLOWABLE Supersede: Old C-104 and C-1: ILE Effective 1-1-65 AND .s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL IRANSPORTER GAS OPERATOR PRORATION OFFICE Braden-Deem, Inc. Address 200 E. First, Wichita, Kansas 67202 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion OIL Dry Gas Change in Ownership X Casinghead Gas Condensate If change of ownership give name Clinton Oil Company, 217 North Water, Wichita, Kansas and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Of Lease No. State "DE" State, Federal or Fee Chaveroo San Andres State 1191-6 Location Unit Letter Feet From The South Line and 1980 Feet From The West Township 7-S Range 33-E , NMPM, Roosevelt III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil [X or Condensate Address (Give address to which approved copy of this form is to be sent) Mobil Pipeline Co. Box 900, Dallas, Texas 75200 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas Cities Service Oil Co. Bartlesville, Oklahoma 74003 Uni: Is gas actually connected? If well produces oil or liquids, give location of tanks. 35 7S 33E Yes 8-8-66 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Workover Plug Back Same Resty, Diff. Besty Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bas.	Water - Bbls.	Gαs - MCF	

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

APPROVED_

BY

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.

	Leve
	(Signature)
Vice-President	
	(Title)
10-13	- 73
	(Date)

Diet. I, Supv.

Orla Signed 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

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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, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply

