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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

President

June 15th, 1967
(Date)

(Title)

NEW MEXICO OIL CONSERVATION COMMISSION REQUESTIFOR ALFORDIE. C.

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

FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TE	RANGOORT OU AND NATURAL	_ GAS
LAND OFFICE	 	100 Ca 11 21 Mil 01	
TRANSPORTER OIL			
GAS	4-4		
OPERATOR	- 		
PRORATION OFFICE Operator			
	1		
	1 Corporation		
Address			
3471 First	National Bank Bldg. D	allas, Texas 7520	2
Reason(s) for filing (Check prop		Other (Please explain)	
New We!l	Change in Transporter of:		
Recompletion	Oil Dry	7	
Change in Ownership	Casinghead Gas X Cond	densate	
If change of ownership give no and address of previous owner			
. DESCRIPTION OF WELL A			
Lease Name	Well No. Pool Name, Including	Formation Kind of Le	ease Lease No.
Federal	, 3 Chaveroo-S	an Andres ====================================	eral one NM-0422
Location			
	North	ine and 660 Feet Fro	m
Unit Letter ;;	660 Feet From The North L	ine and 660 Feet Fro	om The East
Line of Section 26	Township 78 Range	33E , NMPM,	Roosevelt County
Line of Section 26	Township 15 Hange	JJE / PANT IN	ROUSEVEIC County
DESIGNATION OF TRANS	DODTED OF OH AND NATURAL (TAC	
No of Althorized Transporter	of Oil A or Condensate	Address (Give address to which app	proved copy of this form is to be sent)
			,
Magnolia Pipe L Name of Authorized Transporter	of Casinghead Gas (F) or Dry Gas		. O. Box 900, Dallas, Teproved copy of this form is to be sent)
Cities Servic		Bartlesville, O	· · · · · · · · · · · · · · · · · · ·
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	A/H 26 7S 33	E Yes	August 6th, 1966
If this production is commingl	ed with that from any other lease or poo	1, give commingling order number:	
COMPLETION DATA			
D	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Com	pletion - (A)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
-			
Elevations (DF, RKB, RT, GR.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
(22), 1112, 111, 011,	-		
Perforations			Depth Casing Shoe
Ferrotations			
	TUDING CASING A	ND CEVENTING BECORD	
		ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allou
OIL WELL	able for this	depth or be for full 24 hours)	
Date First New Oil Run To Tani	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
l			
CAC WELL			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prog. 1881* MCF/D	monden of top	Date delicated while	Grand or Communication
	The Property of the Name of th	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Snuc-in)	Cuoke Size
. CERTIFICATE OF COMPI	LIANCE	OIL CONSER	VATION COMMISSION
· · · · · · · · · · · · · · · · · ·		1	
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED	<u>,</u> ,, 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		n	
above is true and complete	to the best of my knowledge and belief	f. BY	
		7.7.	
	()	TITLE	
111		This form is to be filed i	in compliance with RULE 1104.
W. L 70		_ If this is a request for al	lowable for a newly drilled or deependonpanied by a tabulation of the deviation
	(6:	well this form must be accom	menied 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 completed wells.