1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Constitut Address: All FIRST STAT Reason(s) for filing (Check proper box New Well Incompletion Change in Ownership	REQUEST AUTHORIZATION TO TRA DEVIATION S LAND COMPANY E BANK BLDG	=	rse Side «
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND Lettre Hame LCDERAL 27 Location Unit Letter + :198 Line of Section 27 , Toy	Well No. Pool Nar	ver and 660 Feet From	(*)
III.	DESIGNATION OF TRANSPORT	rer of oil and natural ga		
	Name of Authorized Transporter of Oil PERMIDA CORD Name of Authorized Transporter of Cas		P 2110 14.5	LAND. TEXAS
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	6- 14-66	7-13-66 Name of Producing Formation	4400 Top Oil/Gas Pay	4358
	CHAVEROO Perforations	SAN ANDRES	4150	A 146 KB
	4150;67;73;4212;	14; 25; 31; 34; 43; 49	9,59,73,76,4280 CEMENTING RECORD	1398
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 3/4		1650	375
	6 74	4 /2"	4398	550
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. WELL. one of this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ujt, etc.)
	7-13-66 Length of Test	7-13-66 Tubing Pressure	Casing Pressure	Choke Size
	24 HRS	40	PKR	34/64
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	55	23) has
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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		APPROVED , 19	
	The state of the s		TITLE This form is to be filed in compliant.	
	(Sign	ature)	If this is a request for all- well, this form must be accome tests taken on the well in acc	sanied by a tabulation of the deviation
	1) ISTRICT ACCOU	INTANT	All sections of this form nable on new and recompleted	nust be filled out completely for allow-

DEVIATION	Survey
DEPTH	DEGREE
567	1/2
1660	1/2
1850	1 1/4
3360	3/4
3700	3/4
3938	14
4079	1 1/2
4150	1
4212	11/2
4280	1
4400	1

THE ABOUG ARE TRUE AND CORRECT TO THE BEST OF MY KNEWLEDGE

Monned R. Karrasch DISTRICT ACCOUNTANT

SWORN TO ME THIS DATE THE 18th OF JULY, 1966
NORARY PUBLIC

IN AND FOR MIDIAND COUNTY, TEXAS My Commission Expires 6-1-67