			~					· ·
Form 9-330 (Rev. 5-63)		UNITED	STATES	SUBMIT I	n diplica		Form app Budget Bu	oroved. areau No. 42-R355.5.
	DEPART	MENT OF	THE INT	ERIOR	(See o structi	ions on 5. LEASE DE	SIGNATIO	N AND SERIAL NO.
			L SURV斯	12 11 37	FW00.		1277	782
WELL CO	MPLETION	OR RECON	APLETION R	EPORT AN	ND LOG	6. IF INDIAN	i, ALLOTI	RE OR TRIBE NAME
1a. TYPE OF WEL		GAS		Other		7. UNIT AGE	EEMENT	NAME
b. TYPE OF COM	WORK DEE	P- PLUG	DIFF.	Other	_	S. MARM OR	LEASE N	AME
NEW WELL X	OVER L EN	L BACK L				-EDE	RAL	27
KERN (OUNTY	AND CO	mpany			9. WELL NO		
3. ADDRESS OF OPE	C	BOOK	HAG MI	DI Add -	TAXAS		ND POOL,	OR WILDCAT
4. LOCATION OF WE	LL (Report location	n clearly and in a	ccordance with any	State requireme	ents)*	CHAVE	R00-	SAN Andre
At surface	E660 F	EL SEC 27	LUNITA	NEID :	N 6/4	11. SEC., T., OR AREA	R., M., OF	R BLOCK AND SURVEY
At top prod. int	ervai reported be	iow				7-,	c Di	33E MMPA
At total depth			14. PERMIT NO.	DAT	E ISSUED	12. COUNTY		13. STATE
				1		ROOS SV	4cT	NM
15. DATE SPUDDED	16. DATE T.D. R	EACHED 17. DAT	E COMPL. (Ready to			F, RKB, RT, GR, ETC.)*	19. EI	LEV. CASINGHEAD
6-18-66	6-27-6	6 7-	4-66		82.2 C			CABLE TOOLS
20. TOTAL DEPTH, MD	& TVD 21. PLU	G, BACK T.D., MD &	TVD 22. IF MULZ HOW M.	TIPLE COMPL.,	23. INTE	LED BY	OLS	CABBE TOODS
21395 24. PRODUCING INTE	4	354	BOTTOM, NAME (M	(D AND TVD)*		<u>→ 1 1 D</u>	25.	
24. PRODUCING INTE	RVAL(S), OF IMIS	COMPLETION 101	, 2022,					SURVEY MADE
1150-	1780' 5	SAN DAR	2.4S					NO
26. TYPE ELECTRIC	AND OTHER LOGS	RUN					27. WA	•
GAMMA	Kan Tran	<u> 1517-LA</u>	<u> TEROLUSI -</u>		LATER	.06	<u> </u>	NO
28.	WEIGHT, LB.		ING RECORD (Rep	ort all strings sc	t in well)	IENTING RECORD		AMOUNT PULLED
CASING SIZE	20 ^H	182			3755	× INCOR	-	
1 1/2 11	0 E #		5. 6.	'IA		X INCOR		
29.		LINER RECORD		<u>· </u>	30.	TUBING REG	CORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8	3 1147 K	B	4075 KB
			<u> </u>		A GYP. GYYGT	FRACTURE, CEME	NT SOUT	EFZE ETC
31. PERFORATION RE	SCORD (Interval, 8	4208:23	27:36:40:			AMOUNT AND K		
4145; 49; 55; 66; 93; 4208; 23; 27; 36; 40; DEPTH INTERVAL (MD) 4243; 4249; 55; 60; 4273 W/78 JSPF 4145-4273					2000 GALS 1			
7245,424,	, , ,-			(- 19	30000 GALS	LSE (CRUDE
						15000 # 20-		

PRODUCTION 33.* WELL STATUS (Producing or shut-in)
PRODUCIONS

REBL. GAS-OIL RATIO PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) DATE FIRST PRODUCTION 7-4-66 DATE OF TEST CHOKE SIZE GAS-MCF. WATER-BBL. HOURS TESTED PROD'N, FOR TEST PERIOD OIL-BBL. NA 26/64 CALCULATED 24-HOUR RATE 5 HRS 7-4-66 -OIL GRAVITY-API (CORR.) GAS--MCF. OIL-BBL. FLOW. TUBING PRESS. 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) 230 NA TEST WITNESSED BY DWEN SMITH VENTED
35. LIST OF ATTACHMENTS

*(See Instructions and Spaces for Additional Data on Reverse Side)

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

agency or a State agency,	agency,
mumber of copies to be	es to be
I from, the local Federal	Federal

pes electric, etc.), formaations. All attachments nts. Consult local State 1 any attachments. m 24 show the producing rm, adequately identified,

ementing tool.

RKERS

TOP	P
DEPTH	TRUE VERT. DEPTH
258	
\$15 \$74	
	871-233

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5. C. C. NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	TOD SAS			
IRANSPORTER OIL						
OPERATOR GAS	7	uruey on REVERS				
Operation OFFICE	^	DRUEY DN REVERS	= 71DE <-			
Address	Nd Company					
418 FIRST STATE Reason(s) for filing (Check proper box.	BANK BLOG MI	DLAND, TEXAS Other (Please explain)				
Headmaletion	Change in Transporter of:					
Hecompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate Ondensate Onden						
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	LEASE	Chaver	co-San Andres			
FEDERAL 27	1 3 /1/2	ne, including Formation R-3/04 NEROO- SAN ANCRES	State, Federal or Fee FED.			
Location	O Feet From The NORTH Lin	21/2	The EAST			
2.7	70 33					
			OSEVELT County			
Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA or Condensate □	Address (Give address to which approx	•			
Name of Authorized Transporter of Cas	inghead Gas cr Dry Gas	Address (Give address to which approx	ped copy of this form is to be sent)			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n			
give location of tanks,	H 27 75 RB36					
If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resiv. Diff. Resiv.			
Designate Type of Completion	(x) = (x)	X				
6-18-66_	T-4-66	Total Depth 4395	P.B.T.D. 4354			
CHAVEROA	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay	Tubing Depth 4147 KB			
Perforations A1AC' A0' 55'/-1-' Q3	; 4208; 23; 27; 36; 40	12'19:55'60'1273	Depth Casing Shoe 4395			
	TUBING, CASING, AND	CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
6-14	4-1/2" 9.5#	4395'	350 sx			
TEST DATA AND REQUEST FOOIL WELL	OR ALLOWABLE (Test must be af able for this de	ter recovery of total volume of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)			
/-4-66 Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
5 HRS	60	200	26/64			
Actual Prod. During Test 48	1 1		Gas-MCF NA			
40 40						
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			
CERTIFICATE OF COMPLIANO	CE	OIL CONSERVA	TION COMMISSION			
CERTIFICATE OF COME EMAN						
Commission have been complied v	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED BY	, 19			
•		TITLE	·			
Amad Vin	100.11	This form is to be filed in compliance with RULE 1104.				
Signo	ature)	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				
DISTRICT ACCOUNT	nTANT	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
7-6-66	able on new and recompleted we Fill out Sections I, II, III,	and VI only for changes of owner, er, or other such change of condition.				
m_{ϵ}	ier i	ii well hame of humber, of transport	The state of the s			

_	
DEVIATION	Survey
DEPTH	DEGREE
445	1/2
730	1/4
2330	1 1/4
2780	١
3067	2
3404	1 1/2
3634	3/4
3947	3/4
4237	11/2

THE ABOUE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Alonaed R. Karraell District Accountant

SWORN TO ME THIS DATE THE 6th OF July, 1966

HOTARY PUBLIC IN AND FOR MIDLAND COUNTY, TEXAS

My Commission Expires