

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved,
Budget Bureau No. 42-R355.5.

JUL 12 11 37 AM '66

5. LEASE DESIGNATION AND SERIAL NO.

NM 0127782

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL 27

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

CHAVGROO-SAN ANDRES

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

27 T7S R33E NMPM

12. COUNTY OR
PARISH

ROOSEVELT

13. STATE

NM

19. ELEV. CASINGHEAD

-

23. INTERVALS
DRILLED BY

TD

CABLE TOOLS

-

25. WAS DIRECTIONAL
SURVEY MADE

NO

27. WAS WELL CORED

NO

Gamma Ray Density - Late - Microlog

CASING RECORD (Report all strings set in well)

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

→ DEVIATION SURVEY ON REVERSE SIDE ←

Transporter KERN County Land Company	
Address 418 FIRST STATE BANK BLDG MIDLAND, TEXAS	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL 27	Well No. 3	Pool Name, including Formation CHAUVEROO-SAN ANDRES	Kind of Lease FED.
Location			
Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST			
Line of Section 27 , Township 7S Range 33E , NMPM, ROOSEVELT County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) Box 3119 MIDLAND, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 27	Twp. 7S	Rge. R33E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-18-66	Date Compl. Ready to Prod. 7-4-66	Total Depth 4395	P.B.T.D. 4354					
Pool CHAUVEROO	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4145	Tubing Depth 4147 KB					
Perforations 4145; 49' 55'; 66; 93; 4208; 23; 27; 36; 40; 43; 49' 55'; 60; 4273			Depth Casing Shoe 4395					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-5/8	7" 20"		1824'		375 SX			
6-1/2	4-1/2" 9.5"		4395'		350 SX			

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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)

Date First New Oil Run To Tanks 7-4-66	Date of Test 7-4-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 5 HRS	Tubing Pressure 60	Casing Pressure 200	Choke Size 26/64
Actual Prod. During Test 48	Oil-Bbls. 48	Water-Bbls. —	Gas-MCF NA

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 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.

Donald R. Kuroda
(Signature)
District Accountant
(Title)
7-6-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

DEVIATION DEPTH	SURVEY DEGREE
645	$\frac{1}{2}$
730	$\frac{1}{4}$
2330	$1\frac{1}{4}$
2780	1
3067	2
3404	$1\frac{1}{2}$
3634	$\frac{3}{4}$
3947	$\frac{3}{4}$
4237	$1\frac{1}{2}$

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

Donald R. Kaurach
DISTRICT ACCOUNTANT

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

NOTARY PUBLIC IN AND FOR
MIDLAND COUNTY, TEXAS
James H. [Signature]
My Commission Expires

1 - Jan. 1971