ſ				
	NO. OF COPIES RECEIVED			
	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION DECLIEST FOD ALL OWARLE		
	REQUEST FOR ALLOWABLE Effectiv			Effective 1-1-65
AND U.S.G.S. AUTHORIZATION TO TRANSPORT ON GAND NATURAL GASS				24C
			A30D	
	LAND OFFICE			
	RANSPORTER GAS GAS			
	OPERATOR		~ [~])	-
	IKUMPEDI DURUKU DAL KANGREK VIDE 5-			SE SIDE = -
I. Operator /				
	KEEN LOUNTY	LAND LAMPANY		
	Address <u>HEFEST STATE BANK</u> <u>MIDUAND</u> , <u>FECAS</u> Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Gas	s 🛄	
	Change in Ownership	Casinghead Gas Conden	sate	
	······································			
	If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE				Lease No.
	Lease Name Weil No. Poor Mane, Merading Formation			
HAVEROD- JAN ANDRES State, Federal or Fee +ED				
	Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>NOCTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line of Section <u>24</u> Township <u>75</u> Range <u>336</u> , NMPM, <u>ROOSEVECT</u> County			
THE REPORT OF TRANSPORTER OF OF AND MATCHEST CAS				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 2 or Condensate Address (Give address to which approved copy of the address to which approved copy of the address to which approved copy of the address (Give address to which approved copy of the address to which approved copy of the address (Give address to which approved copy of the address (Give address to which approved copy of the address to which approved copy of the address (Give address to which approved copy of the address to which approved copy of the address (Give address to w				ved copy of this form is to be sent)
			COX 3119 MIDLA	NO TELAS
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)
	Name of Authorized Transporter of Cus			
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en
	If well produces oil or liquids,	G 24 75 336	NO	
	give location of tanks.			
		th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	on = (X) X	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	7-22-66	8-9-66	4100'	4359
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	4326.8 62.	SAN ANDRES 4251,53;4255	4079	4058 4053
	Deriergilone	4251,53; 4255		Depth Casing Shoe
	4058 64.83, 411, 28,4	15, 49, 53, 61, 41, 75, 80,	K2, K3, J1, J5, J9,	4400
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	F 3/4	7"	1817	375
	- 1+	4 72"	14C	330
		2 3/8	JCEE	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of oble for this denth or he for full 24 hours)				and must be equal to or exceed top allow-
OUT WELL able for this depth or be for full 24 hours)			ft. etc.)	
	Date First New Oil Run To Tanks	Date of Test		,,,,
	8-9-66	8-9-66	Casing Pressure	Choke Size
	Length of Test	Tubing Pressure		32/64
	3 HRS	140	Water-Bbis.	
	Actual Prod. During Test	011-Bbis. 52		NÂ
	52	56		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test		
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tuping Pressure (Snut-In)		
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
			APPROVED, 19	
	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.			
			BY	
			TTT 5	
			TITLE	
	A Providence	1		compliance with RULE 1104. wants for a newly dritied or despense
		and the second sec	مالم ممغ فمينية المنابع	wanta for a newly drilled of debucchys

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(Signature)

THEFT (ALL) (Title)

(Date)

DISTRICT

8-10-66

If this is a request for allowable for a newly crilled or despense well, this form must be accompanied by a tabulation of the Cavialion tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for ellow-able 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