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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I. **PRORATION OFFICE** → DEVIATION SURVEYS ON REVERSE SIDE ←

Operator KERN COUNTY LAND CO

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>FEDERAL 24</u>	<u>7</u>	<u>CHAVEROO-SAN ANDRES</u>	State, Federal or Fee <u>FEDERAL</u>	
Location				
Unit Letter	<u>B</u>	<u>1980</u> Feet From The <u>EAST</u> Line and <u>660</u> Feet From The <u>NORTH</u>		
Line of Section	<u>24</u>	Township <u>7 S</u>	Range <u>33 E</u> , NMPM, <u>ROOSEVELT</u>	County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>THE PERMIAN CORP</u>	<u>Box 3119, MIDLAND, TEXAS</u>					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>H</u>	<u>24</u>	<u>7 S</u>	<u>33 E</u>	<u>NO</u>	

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

IV. **COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>8-10-66</u>	<u>8-28-66</u>	<u>4370</u>	<u>4521</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>4335 KB</u>	<u>SAN ANDRES</u>	<u>4111</u>	<u>4092</u>					
Perforations			Depth Casing Shoe					
<u>4111, 13, 29, 33, 37, 45, 47, 51, 52, 59, 65, 72, 75, 78, 81, 84;</u>		<u>4234, 38, 42, 47,</u>	<u>4370</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>8 3/4"</u>	<u>7"</u>	<u>1825</u>	<u>375</u>					
<u>6 1/4"</u>	<u>4 1/2"</u>	<u>4370</u>	<u>350</u>					

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 for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>8-28-66</u>	<u>8-28-66</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>3 HRS.</u>	<u>150</u>	<u>-</u>	<u>28 / 64"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>56.0</u>	<u>55.5</u>	<u>0.5</u>	<u>NA</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. **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

Gay L. Dancy  
(Signature)  
PROD. SECRETARY  
(Title)  
8-31-66  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 9 1966  
BY 1  
TITLE Engineer District 1

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 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.

DEVIATION DEPTHSURVEY DEGREE

486	3°
1008	3°
1650	1°
1825	1 3/4°
2336	1 1/2°
2866	1°
3322	3/4°
3721	3/4°
3874	1/4
4020	1°
4119	1°

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

*Gay L. Sorey*  
PRODUCTION SECRETARY

SWORN TO ME THIS THE 31<sup>st</sup> DAY OF AUGUST, 1966.

*Harold E. Long*  
NOTARY PUBLIC IN AND FOR MIDLAND COUNTY,  
TEXAS

MY COMMISSION EXPIRES  
6-1-77.