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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

I. OPERATOR

Operator KERN COUNTY LAND CO.

Address 410 FIRST STATE BANK, MIDLAND, TEXAS

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>FEDERAL 21</u>	<u>3</u>	<u>CHAUEROO-SAN ANDRES</u>	<u>FFD</u>	<u>011750.0</u>
Location				
Unit Letter	<u>0</u>	Feet From The	<u>SOUTH</u> Line and	<u>1980</u> Feet From The
Line of Section	<u>21</u>	Township	<u>7S</u>	Range
				<u>33E</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>MOBIL PIPE LINE CO.</u>	<u>BOX 900, DALLAS, 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>J</u>	<u>21</u>	<u>7S</u>	<u>33E</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>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>10-13-66</u>	<u>11-6-66</u>	<u>4373</u>	<u>4349</u>					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>4403' KB</u>	<u>SAN ANDRES</u>	<u>4165</u>	<u>4163</u>					
Perforations	Depth Casing Shoe							
<u>4165, 70, 23, 29, 4223, 25, 28, 30, 15, 43, 45, 54, 56, 58, 61, 65</u>	<u>4373</u>							
TUBING, CASING, AND CEMENTING RECORD <u>70, 76, 83, 84, 89</u>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>11"</u>	<u>7"</u>	<u>1810</u>	<u>375</u>					
<u>6 1/2"</u>	<u>4 1/2"</u>	<u>4373</u>	<u>350</u>					

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>11-6-66</u>	<u>12-3-66</u>	<u>PUMP</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24</u>	<u>-</u>	<u>-</u>	<u>-</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>79</u>	<u>79</u>	<u>0</u>	<u>NA</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Ray H. Lantry
(Signature)
PRODUCTION SECRETARY
(Title)
12-6-66
(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 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.

3711

DEFINITION SURVEY

DEGREE	DEPTH
$\frac{1}{4}$	470
$\frac{1}{4}$	920
$\frac{1}{2}$	1411
1	2950
$1\frac{1}{2}$	3420
1	3900
$1\frac{1}{2}$	4009
1	4290

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

May A. Jones
PRODUCTION SECRETARY

SUBSCRIBED TO ME ON THIS THE 5TH DAY OF DECEMBER, 1966.

Donald A. Jones
NOTARY PUBLIC IN AND FOR
MIDLAND COUNTY, TEXAS
MY COMMISSION EXPIRES 6-1-77