

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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
Rev. 1-1-65

JUL 7 11 44 AM '66

Operator KERN COUNTY LAND CO.	
Address 418 FIRST STATE BANK BLDG MIDLAND, TEXAS	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Existing Well <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> Gas Formerly Vented	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name Federal 26	Well No. 5	Pool Name, including Formation CHAVEROO-SAN ANDRES	Kind of Lease State, Federal or Fee FED.
Location Unit Letter J , 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line of Section 26 , Township 7S , Range 33E , NMPM, ROOSEVELT 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"/> MID-TEXAS PIPE LINE CO.	Address (Give address to which approved copy of this form is to be sent) Box 900 DALLAS, TEXAS		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> UNITAS, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 19538 DALLAS, TEXAS		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 26	Twp. 7S
	Range 33E	Is gas actually connected? Yes	
		When JUNE 7, 1966	

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 Resrv., Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations						Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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.

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

OIL CONSERVATION COMMISSION

APPROVED **[Signature]**, 19 **66**
BY **[Signature]**
TITLE **[Signature]**

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.