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

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

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

JUN 1 11 52 AM 1966

→ DEVIATION SURVEY ON REVERSE SIDE ←

I. KERN COUNTY LAND COMPANY
510 FIRST STATE BANK Bldg MIDLAND, TEXAS
Reason(s) for filing (Check proper box) Other (Please explain)
Lease Well ☒ Change in Transporter of:
Lease Extension ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease
<u>FEDERAL 26</u>	<u>8 CHAVEROO-SAN ANDRES</u>	State, Federal or Fee <u>FED.</u>
Section <u>26</u>	Township <u>7S</u>	Range <u>33E</u> , NMPM, <u>ROOSEVELT</u> County
Foot Letter <u>P</u>	<u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u>	

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>ROMANIAN 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, approximate no. of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>J</u>	<u>26</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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>5-11-66</u>	<u>5-25-66</u>	<u>4376</u>	<u>4333</u>					
Well	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>CHAVEROO</u>	<u>SAN ANDRES</u>	<u>4153</u>	<u>4132.7</u>					
Formations			Depth Casing Shoe					
<u>4133, 66, 72, 78, 94, 4226, 45, 56, 62, 72, 4290</u>			<u>4376</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8 1/2"</u>	<u>4 1/2"</u>	<u>4376</u>	<u>330</u>
<u>5 7/8"</u>			<u>330</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>5-25-66</u>	<u>5-25-66</u>	<u>FLOW</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>2 HRS</u>	<u>120</u>	<u>420</u>	<u>40/64</u>
Amount Produced During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>40 BBLS FLOW</u>	<u>44</u>	<u>1</u>	<u>29</u>

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.

James P. Karasch
(Signature)

District Accountant
(Title)

5-25-66

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, transporter or other such change of condition.

DEVIATION	SUNSHY
DEPTH	DEGREE
504	1/2
1050	1 1/2
1820	1
2112	
2746	1
3000	1
3436	1
3930	1
4201	3 1/2

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

Thomas A. H. H. H.
DISTRICT SURVEYOR

SUBSCRIBED TO ME THIS DATE THE 31ST OF MAY, 1904

Wm. A. H. H.
For and for William A. H. H.
My Commenced Express