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

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

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-55

I. Demanded Survey on Reservation

Operator KERN COUNTY LAND COMPANY

Address 418 FIRST STATE BANK MIDLAND, TEXAS

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:

Recompletion ☐ 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

Lease Name <u>FEDERAL 23</u>	Well No. <u>7</u>	Pool Name, Including Formation <u>CHAUVERON-SAN ANDRES</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. <u>NIM 0108997-A</u>
Location				
Unit Letter <u>J</u> , <u>1980</u> Feet From The <u>EAST</u> Line and <u>1980'</u> Feet From The <u>SOUTH</u>				
Line of Section <u>23</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</u>	<u>Box 900 DALLAS, TEXAS</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>CITIES SERVICE PIPELINE</u>	<u>CITIES SERVICE Bldg, BARTLESVILLE, OKLA</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>23</u>	Twp. <u>7S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>NO</u>	When <u>NEAR FUTURE</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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>4-18-67</u>	Date Compl. Ready to Prod. <u>5-15-67</u>	Total Depth <u>4300</u>	P.B.T.D. <u>4269</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4343 GR</u>	Name of Producing Formation <u>SAN ANDRES</u>	Top Oil/Gas Pay <u>4168</u>	Tubing Depth <u>4191</u>					
Perforations <u>4168; 71; 74; 76; 82; 84; 90; 94; 4201; 08; 14; 22; 24; 26</u>			Depth Casing Shoe <u>4300 4298</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>8 3/4</u> <u>6 1/4</u>	CASING & TUBING SIZE <u>4 7/8"</u>		DEPTH SET <u>1796</u> <u>4298</u>		SACKS CEMENT <u>375</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 <u>5-15-67</u>	Date of Test <u>5-15-67</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24 HRS</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>239</u>	Oil-Bbls. <u>231</u>	Water-Bbls. <u>8</u>	Gas-MCF <u>106</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.

Donald R. Karsach
(Signature)
DISTRICT ACCOUNTANT
(Title)
5-17-67
(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.

UNRECORDED,

2013 11 27 11:17

DEVIATION	DEPTH	SURVEY DEGREE
	495	$3/4$
	1146	1
	2211	$1 \frac{3}{4}$
	3201	$1 \frac{1}{4}$
	3455	$3/4$
	3908	$3/4$
	4203	$3/4$

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

Monard R. Karsch
DISTRICT ACCOUNTANT

SWORN TO ME THIS DATE THE 17th OF MAY 1967

Jackie Helm
NOTARY PUBLIC IN AND FOR
MIDLAND COUNTY, TEXAS

My Commission Expires
6-1-67