	-		-
NO. OF COPIES RECEIVED	-		
DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST F	FOR ALLOWABLE 0. C. C.	Supersedes Old C-104 and C-1 Effective 1-1-55
U.S.G.S.		AND	
LAND OFFICE	_ AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	LGAS
OIL		12 A 28 -	
TRANSPORTER GAS	-		
OPERATOR		~ ``	
PROBATION OFFICE	t -> DEUISOO	MANDARY BALK	and the second
Cperator /		<u> </u>	
KEDN COM	ATTI LAND LAD	OALL	
Address	1019 <u><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>		
418 FIDST	STATE BONK	MIDLAND LEKA	×S
Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	s []	
Change in Ownership	Casinghead Gas 📃 Condens	sate	
L			
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including For	/- .	
FEDERAL 23	7 CHOVEROO-	JAN ANDRES State, Fed	deral or Fee FED DIDB997-
Location			C
Unit Letter J; 19	80 Feet From The CALST Line	e and 1980 Feet Fro	om The SOUTH
	- <u>- a</u>	ъс. —	Descent -
Line of Section 23 To	ownship 7S Range 3	jc , NMPM,	KOOSEVECT County
		_	
DESIGNATION OF TRANSPOP	TER OF OIL AND NATURAL GAS	S	proved copy of this form is to be sent)
Name of Authorized Transporter of O.	I 🕵 or Condensate 🗌	Address (Give address to which up	
MOBIL FIPE LING	, <u> </u>	Dox 900 DA	LLAS, LEKAS
Name of Authorized Transporter of Q	rsinghead Gas 🗶 or Dry Gas 🗌	Address (Give address to which ap	proved copy of this form is to be sent)
CITIES SERVICE	IPELINE !	LITIES DERVICE	Slag, DARTLESUILLE, UK
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When the second se
give location of tanks.	J 23 75 332	No	NEAR FUTURE
If this production is commingled w	ith that from any other lease or pool, g	give commingling order number:	
COMPLETION DATA			Plug Back Same Res'v. Diff. Res'
Designate Type of Complet	(on - (X))		
		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	4300	4269
4-18-67	5-15-67 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	4168	4191
4343 GR	SAN ANDRES	4160	Depth Casing Shoe
Perforations	2:84:90;94;4201,08;	11'77'71'76	4300 4298
4160,11,14,16,0	TUBING, CASING, AND	CENENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	-711	1796	375
8 3 14		4298	350
(6 [4	4 16	4290	
	FOR ALLOWABLE (Test must be afi able for this det	ter recovery of total volume of load of hours of load of hours of the for full 24 hours (hours)	oil and must be equal to or exceed top allo
OIL WELL	able for this dep	ter recovery of total volume of load pth or be for full 24 hours) Producing Method (Flow, pump, ga	
OIL WELL Date First New Oil Run To Tanks	able for this dep Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, ga	
OIL WELL Date First New Oil Run To Tanks	able for this dep Date of Test 5-15-67	pth or be for full 24 hours)	
OIL WELL Date First New Oil Bun To Tanks 5-15-67 Length of Test	able for this dep Date of Test	Producing Method (Flow, pump, ga PUMP	s lift, etc.)
OIL WEIL Date First New Oll Bun To Tanks 5-15-67 Length of Test	able for this dep Date of Test 5-15-67 Tubing Pressure	Producing Method (Flow, pump, ga PUMP	s lift, etc.)
OIL WEIL Date First New Oll Bun To Tanks 5-15-67 Length of Test 24 HPS Actual Prod. During Teet	able for this dep Date of Test 5-15-67 Tubing Pressure Oil-Bbis.	Producing Method (Flow, pump, ga Producing Method (Flow, pump, ga Pump Casing Pressure Water-Bbls.	Choke Size
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SURVEY DEGREE DEVISION DEPTH 3/4 495 1146 I 134 2211 1 '14 3201 3/4 3455 3/4 3908 34 4203

THE ABOUE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE Monaed R. Kanadu DISTRICT ACCOUNTANT

SWOEN TO ME THIS DATE THE ME OF MAY 1967 -ackil

NOTARY PUBLIC INAND FOR MIDLAND COUNTY, JEXAS

My Commission Expires 6-1-67