

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-55

1. Deviation Survey on Reverse Side -

Operator KERN COUNTY LAND COMPANY

Address 418 FIRST STATE BANK MIDLAND, TEXAS

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL 23 Well No. 9 Pool Name, including Formation CHAYEROO-SAN ANDRES Kind of Lease FED

Location

Unit Letter 4 1980 Feet From The NORTH Line and 660 Feet From The EAST

Line of Section 23 Township 7S Range 33E NMPM, ROOSEVELT County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) 225 S. 19 MIDLAND, TEXAS

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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>23</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 Reater. Diff. Reater.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
<u>7-18-60</u>	<u>8-5-60</u>	<u>4395</u>	<u>4357</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth				
<u>4337.5 GR.</u>	<u>SAN ANDRES</u>	<u>4079</u>	<u>4097</u>				
Perforations	Depth Casing Shoe						
<u>4079; 92; 4123; 4149; 53; 55; 63; 74; 76; 4182; 89; 92; 94; 4213; 11, 85, 93</u>	<u>4400</u>						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8 3/4</u>	<u>7"</u>	<u>1825</u>	<u>350</u>
<u>6 7/8</u>	<u>4 1/2</u>	<u>4400</u>	<u>350</u>
	<u>2 3/8</u>	<u>4397</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>8-5-66</u>	<u>8-5-66</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>4 HRS</u>	<u>200</u>	<u>PKR</u>	<u>25/64</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>80</u>	<u>80</u>	<u>-</u>	<u>NA</u>

GAS WELL

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

Honorable K. Karaman
(Signature)
District Accountant
(Title)
8-5-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1966

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.