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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
Effective 1-1-65

Operator 7 DEVIATION SURVEYS ON REVERSE SIDE

Address KERN COUNTY LAND COMPANY

418 FIRST STATE BANK BLDG, MIDLAND, TEXAS

Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>FEDERAL 22</u>	Well No. <u>1</u>	Pool Name, including Formation <u>CHADWOOD SAN ANDRES</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. <u>NM 044701-1</u>
Location Unit Letter <u>B</u> <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u>				
Line of Section <u>27</u> Township <u>7S</u> Range <u>33E</u> NMPM, <u>ROOSEVELT</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>THE PERMIAN CORP</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 3119, MIDLAND, TEX.</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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>No</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <u>9-24-66</u>	Date Compl. Ready to Prod. <u>10-7-66</u>		Total Depth <u>4375</u>		P.B.T.D. <u>4324</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4390' KB</u>	Name of Producing Formation <u>SAN ANDRES</u>		Top Oil/Gas Pay <u>4213</u>		Tubing Depth <u>4197</u>			
Perforations <u>4213, 17, 20, 32, 34, 38, 40, 46, 56, 60, 64, 66, 71, 77, 87, 90'</u>					Depth Casing Shoe <u>4375</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8 3/4</u>	<u>7"</u>	<u>1910</u>	<u>375</u>
<u>6 1/4</u>	<u>4 1/2"</u>	<u>4375</u>	<u>375</u>
	<u>2 3/8"</u>	<u>4197</u>	

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>10-7-66</u>	Date of Test <u>10-7-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>4 1/2 HRS</u>	Tubing Pressure <u>80</u>	Casing Pressure <u>NA</u>	Choke Size <u>36/64"</u>
Actual Prod. During Test <u>54</u>	Oil - Bbls. <u>54</u>	Water - Bbls. <u>0</u>	Gas - MCF <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

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.

Gay S. Marsury
(Signature)
PRODUCTION SECRETARY
(Title)
10-10-66
(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 multiple completed wells.

DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREE</u>
477	$\frac{1}{4}$
987	$\frac{1}{2}$
1456	$\frac{3}{4}$
1810	1
2433	$1\frac{1}{4}$
3045	$\frac{3}{4}$
3633	$1\frac{1}{4}$
3975	$\frac{1}{2}$
4200	$\frac{1}{2}$

THE ABOVE ARE TRUE & CORRECT TO THE BEST OF
MY KNOWLEDGE.

Gay L. Surry

PRODUCTION SECRETARY

SWORN TO ME THIS THE 10TH DAY OF OCTOBER, 1966

Donald E. Lyle

NOTARY PUBLIC IN AND FOR THE
COUNTY OF MIDLAND, TEXAS
MY COMMISSION EXPIRES 6-1-67.