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

I. **OPERATOR**

Operator KERN COUNTY LAND CO.

Address 418 FIRST STATE BANK BLDG., MIDLAND, TEX.

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>FEDERAL 22</u>	<u>3</u>	<u>CHAUSSON-SAN ANDRES</u>	State, Federal or Fee <u>FED.</u>	<u>44701-A</u>
Location				
Unit Letter <u>M</u>	<u>660</u>	Feet From The <u>WEST</u> Line and <u>660</u>	Feet From The <u>SOUTH</u>	
Line of Section <u>22</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 <u>MOBILE OIL CO.</u>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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.		When
Unit <u>K</u>	Sec. <u>22</u>	Twp. <u>7S</u>
Rge. <u>33E</u>	Is gas actually connected? <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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>10-21-66</u>	Date Compl. Ready to Prod. <u>11-5-66</u>	Total Depth <u>4360</u>	P.B.T.D. <u>4318</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4410 KB</u>	Name of Producing Formation <u>SAN ANDRES</u>	Top Oil/Gas Pay <u>4172</u>	Tubing Depth <u>4174</u>					
Perforations <u>4172, 4211, 14, 16, 20, 27, 30, 32, 40, 50, 58, 62, 72, 75 & 78</u>	Depth Casing Shoe <u>4359</u>	TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE <u>8 1/2"</u>	CASING & TUBING SIZE <u>7"</u>	DEPTH SET <u>1810</u>	SACKS CEMENT <u>275</u>					
<u>6 1/2"</u>	<u>4 1/2"</u>	<u>4359</u>	<u>400</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>11-5-66</u>	Date of Test <u>11-6-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOWING</u>
Length of Test <u>4 HRS.</u>	Tubing Pressure <u>40-200</u>	Casing Pressure <u>-</u>
Actual Prod. During Test <u>55</u>	Oil-Bbls. <u>55</u>	Water-Bbls. <u>0</u>
		Choke Size <u>32/64"</u>
		Gas-MCF <u>N/A</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.

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.

Supersedes Form C-104 and C-110 which are obsolete for such pool or wells completed wells.

PROD. SECRETARY
(Title)
11-10-66
(Date)

<u>DEVIATION</u> <u>DEGREE</u>	<u>SURVEY</u> <u>DEPTH</u>
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$\frac{1}{4}^{\circ}$	498
$\frac{1}{4}^{\circ}$	981
$\frac{1}{2}^{\circ}$	1400
1°	1810
$1\frac{1}{4}^{\circ}$	2700
$1\frac{1}{4}^{\circ}$	3214
$1\frac{1}{2}^{\circ}$	3440
$1\frac{3}{4}^{\circ}$	3714
1°	4140
$\frac{1}{2}^{\circ}$	4294

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

Gay L. Murray
PROD. SECRETARY

SWORN TO ME THIS THE 10TH DAY OF NOVEMBER, 1966.

Robert E. [Signature]
NOTARY PUBLIC IN AND FOR
MIDLAND COUNTY, TEXAS.

MY COMMISSION EXPIRES 6-1-67.