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

NEW YORK OFFICE O. C. C.  
OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

1. DEVIATION SURVEY

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 22</u>	Well No. <u>4</u>	Pool Name, including Formation <u>CHANDLER-SAN ANDRES</u>	Kind of Lease State, Federal or Fee <u>FED.</u>	Lease No. <u>0 0471</u>
Location				
Unit Letter <u>K</u> , <u>1980</u> Feet From The <u>WEST</u> Line and <u>1980</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 <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 CO</u>	<u>BOX 900, DALLAS, TEXAS</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?	When
	<u>K</u>	<u>22</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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>10-29-66</u>	<u>12-1-66</u>		<u>4351</u>		<u>4310</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>4486 KB</u>	<u>SAN ANDRES</u>		<u>4150</u>		<u>4152</u>			
Perforations					Depth Casing Shoe			
<u>4150, 93, 97, 4213, 13, 20, 26, 34, 40, 46, 49, 53, 58</u>					<u>4351</u>			
TUBING, CASING, AND CEMENTING RECORD <u>63</u> .								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>7"</u>		<u>1812</u>		<u>350</u>			
<u>6 1/2"</u>	<u>4 1/2"</u>		<u>4351</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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>12-1-66</u>	<u>12-3-66</u>	<u>PUMPING</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 HRS</u>	<u>-</u>	<u>-</u>	<u>-</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>60</u>	<u>60</u>	<u>0</u>	<u>NA</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.

Gay E. Murray  
(Signature)

PROD SECRETARY  
(Title)

12-5-66  
(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 multiply completed wells.

# DEVIATION SURVEY

DEGREE	DEPTH
$\frac{1}{8}$	400
$\frac{1}{4}$	987
$\frac{1}{2}$	1488
$1 \frac{1}{8}$	2666
$1 \frac{1}{4}$	3160
$1 \frac{1}{2}$	3400
1	3680
$1 \frac{3}{4}$	4040

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

*Gay D. Loring*  
 PRODUCTION SECRETARY

SWORN TO ME THIS THE 5<sup>TH</sup> DAY OF DECEMBER, 1966

*James H. Loring*  
 NOTARY PUBLIC IN AND  
 FOR MIDLAND, COUNTY, TEXAS.  
 MY COMMISSION EXPIRES  
 6-1-67.