800 10 000, 15 HZC	EIVED	į	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			_

Samuel A.A.L

	SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
	FILE	1	FOR ALLOWABLE	Effective 1-1-65	
	U.S.G.S.	AUTHODIZATION TO TOA	NSPORT OIL AND NATUTAL (~ A C	
	LAND OFFICE	AUTHORIZATION TO TRA	INSPURT OIL AND NA	343	
	OIL				
	TRANSPORTER GAS				
	OPERATOR		_	- 0	
I.	PRORATION OFFICE	DEULATIO	AL SURVEY ON	REUCRSE SIDE	
•	Operator				
	KERN Cou	NTY LAND	COMPANY		
	Address				
	418 FIRS	T STATE B	ANK BLAG. P	DIDLAND, 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 Conden	sate		
	If change of ownership give name				
	and address of previous owner				
	DECORPORAL OF WELL AND	EACE	Chine cas - Sa a	Andres	
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	Chaveroo-San ormation(), 2129 Kind of Leas		
	FEDERAL 22	- 5 (CHAUEROD S	- A	al or Fee FED. 04470/	
	Location	CHROCKOD	47)		
	Unit Letter L ; 660	Feet From The WEST Line	e and 1480 Feet From	The South	
	Unit Letter; OSE	Peet From The CORS Line	e dad 1 det 1 tom	1110	
	Line of Section 2 2	mship 7.5 Range	836 , NMPM, RO	OSEUGLT County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	wed copy of this form is to be sent)	
	DERMIAN CORS	>	BOD 3119, MD	AND TEXAS	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	eved copy of this form is to be sent)	
	If we'll produces oil or liquids,	Unit Sec. Twp. Rge.		en	
	give location of tanks.	K 22 75 336	No		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n - (X) Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	, <u>, , , , , , , , , , , , , , , , , , </u>		Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.		4317	
	9-6-66	9-27-66 Name of Producing Formation	4350 Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)		4142	4124	
	4403'KB Perforations	SAN ANDCES	7142	Depth Casing Shoe	
	•	2 2 2 2 1 2 2 2 1	10 117 51 57 60 13	4350	
	4142, 62; 4206, 18	$\frac{2}{2}$, $\frac{2}{2}$, $\frac{2}{2}$, $\frac{3}{2}$	40, 47,51,57,60,63 CEMENTING RECORD 60,8		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	8 3/4	7"	1815	57 <i>5</i>	
	h Vu	442"	4550	3.50	
	9.79	2."	4124	******	
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be as	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
٧.	OIL WELL		pth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	9-27-66	9-30.66	PunPING		
	Length of Test	.Tubing Pressure	Casing Pressure	Choke Size	
	6 HRS.	-		Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	NA	
	<u>55</u>	55	0	7 × 7	
	GAS WELL	Transhaf man	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	.esting Method (phot, back phy		,		
<u></u>		OF.	OII CONSERV	ATION COMMISSION	
VI.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION OCT 19 1 0 1966		
		engulations of the Oil Consequation	APPROVED	19 0 1966	
	Commission have been complied v	regulations of the Oil Conservation with and that the information given	11	SAL & THREE COPIES	
	above is true and complete to the	e best of my knowledge and belief.	BY	BY: BRIC P. SNGHESTED	
			TITLE	BY: No. 1	

VI.

Lou & Descrip
PRODUCTION SECRETARY
(Title) 10 - 6 - 6 6

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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.

Suzuey	DEVIATION
DEPTH	DEGREE
416	Y4°
900	44°
1390	Y40
1815	Y2.°
2303	2.
2592	3
2770	S 3/4°
2960	3 44°
3020	3 V2°
3155	23/40
3415	2 /2°
3736	2 3/40
4016	/ °
4140	5/4°
4197	V2°

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

Day & Drawy PRODUCTION SECRETARY

TO ME THIS THE & DAY OF DETO BER, 1961. SWORN

> MOTGAY PUBLIC IN GOOD FOR THE COUNTY DE MIDLAND, TOKAS MY COMMISSION EXPICES 6-1-67.