

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND 26 8 1
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

(Deviation Surveys on Back Side)

Operator <u>San American Petroleum Corp.</u>	
Address <u>Box 68 Hobbs, New Mexico</u>	
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"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE D. 13</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>CHAUEROO SAN ANDRES</u>	Kind of Lease State, Federal or Foreign <u>STATE</u>
Location <u>EL 1980</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u>			
Line of Section <u>25</u> , Township <u>7-S</u> Range <u>33-E</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 (TRUCKS)</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, 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 <u>D</u>	Sec. <u>25</u>	Twp. <u>7</u>	Rge. <u>33</u>	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)	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 Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <u>4/2/66</u>	Date Compl. Ready to Prod. <u>4-23-66</u>	Total Depth <u>4410'</u>		P.B.T.D. <u>4375'</u>				
Pool <u>CHAUEROO</u>	Name of Producing Formation <u>SAN ANDRES</u>	Top Oil/Gas Pay <u>4208</u>		Tubing Depth <u>4370</u>				
Perforations <u>4208-9, 10-12, 14-16, 21-23, 34-45, 49-51, 56-58, 60-62, 66-76, 77-80, 86-87, 92-94, 96-98, 99-4300, 04-07, 38-40, 44-46, 53-54, 58-63</u>				Depth Casing Shoe <u>4410'</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8 5/8"</u>		<u>450'</u>		<u>250 Sx.</u>			
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>4410'</u>		<u>800 Sx.</u>			
	<u>2 3/8"</u>		<u>4370'</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>4-23-66</u>	Date of Test <u>4-24-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOWING</u>	
Length of Test <u>24 17 1/2</u>	Tubing Pressure <u>175</u>	Casing Pressure <u>150</u>	Choke Size <u>1 3/64"</u>
Actual Prod. During Test <u>230</u>	Oil - Bbls. <u>230</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>145</u> (<u>600-630</u>) <u>92-24.5</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

5-NMOC-H
J. J. 423
1-24-66
1-24-66

(Signature)
Area Supr
(Title)
4-25-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED 1, 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 Sections I, II, III, and VI only 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.

Deviations

<u>DEPTH</u>	<u>DEGREES OFF</u>
958	1/2
1812	3/4
2328	1-
2855	1 3/4
3317	"
3563	"
3988	1/2
4232	1-

The above are true to the best of my knowledge.



AREA SUPERINTENDENT

Sworn to this date, the 25th day of April, 1966.



J. R. Moorhead
Notary Public, State of New York
My Commission Expires 6-18-68.