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|--|--|--|--|---|--|-------------------------------|--|
| DISTRIBUTION | | NEW MEXICO OIL CONSERVATION COMMISSION | | ON | | Form C-104 | |
| ANTAFEC | | REQUEST FOR ALLOWABLE | | | | Supersede Old C-104 and C-105 | |
| FILE | | AND | | | | Effective 1-1-65 | |
| U.S.G.S. | | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
| AND OFFICE | | | | | | | |
| TRANSPORTER | | OIL | | | | | |
| | | GAS | | | | | |
| OPERATOR | | | | | | | |
| PRODUCTION OFFICE | | | | | | | |
| Operator | | | | | | | |
| Braden-Deem, Inc. | | | | | | | |
| Address | | | | | | | |
| 200 E. First, Wichita, Kansas 67202 | | | | | | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | | | | | |
| New Well <input type="checkbox"/> | | Change in Transporter of: | | | | | |
| Recompletion <input type="checkbox"/> | | Oil <input type="checkbox"/> | | Dry Gas <input type="checkbox"/> | | | |
| Change in Ownership <input checked="" type="checkbox"/> | | Casinghead Gas <input type="checkbox"/> | | Condensate <input type="checkbox"/> | | | |
| If change of ownership give name and address of previous owner | | Clinton Oil Company, 217 North Water, Wichita, Kansas 67202 | | | | | |
| DESCRIPTION OF WELL AND LEASE | | | | | | | |
| Lease Name | | Well No. | | Pool Name, including Formation | | Kind of Lease | |
| State "DB" | | 6 | | Chaveroo San Andres | | State, Federal or Fee State | |
| Location | | | | | | | |
| Unit Letter "M" | | 660 | | Feet From The South Line and 660 | | Feet From The West | |
| Line of Section 25 | | Township 7-S | | Range 33-E | | Roosevelt County | |
| 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) | | | | | |
| Mobil Pipeline Co. | | Box 900, Dallas, Texas 75200 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Cities Service Oil Co. | | Bartlesville, Oklahoma 74003 | | | | | |
| If well produces oil or liquids, give location of tanks. | | Unit | | Sec. | | Twp. | |
| | | D | | 25 | | 7-S | |
| | | | | | | 33-E | |
| | | | | Is gas actually connected? | | When | |
| | | | | Yes | | 6-29-67 | |
| 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 | | Gas Well | | New Well | |
| | | | | | | Workover | |
| | | | | | | Deepen | |
| | | | | | | Plug Back | |
| | | | | | | Same Restv. | |
| | | | | | | Diff. Restv. | |
| Date Spudded | | Date Comp. Ready to Prod. | | Total Depth | | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, etc.) | | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | |
| Perforations | | | | | | Depth Casing Shoe | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL | | | | | | | |
| Date First New Oil Run To Tanks | | Date of Test | | Producing Method (Flow, pump, gas lift, etc.) | | | |
| Length of Test | | Tubing Pressure | | Casing Pressure | | Choke Size | |
| Actual Prod. During Test | | Oil-Bbls. | | Water-Bbls. | | Gas-MCF | |
| 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. | | | | | | | |
| Vice-President | | | | | | | |
| 10-15-73 | | | | | | | |
| (Date) | | | | | | | |
| OIL CONSERVATION COMMISSION | | | | | | | |
| APPROVED | | | | | | | |
| 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 IV for changes of owner, well name or number, or transporter, or other change of condition. | | | | | | | |
| Separate Forms C-104 must be filed for each pool in multiple completed wells. | | | | | | | |