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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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
8-13-66 1 05 PM '66

I.

Operator Kerr-McGee Corporation	
Address Box K, Sunray, Texas	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State G	Well No. 1	Pool Name, Including Formation Chavareo San Andres	Kind of Lease State	Lease No. 04 1193
Location Unit Letter K ; 1980 Feet From The South Line and 660 Feet From The West				
Line of Section 19 Township 7S Range 34E , NMFM, Roosevelt 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 1509 W. Wall, Midland, Texas	
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 19	Sec. 7S
	Twp. 34E	Rge. No
	Is gas actually connected? No When	

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-13-66	Date Compl. Ready to Prod. 6-3-66	Total Depth 4340		P.B.T.D. 4308					
Elevations (DF, RKB, RT, GR, etc.) 4325.7 RKB	Name of Producing Formation San Andres	Top Oil/Gas Pay 4119		Tubing Depth 4180					
Perforations 4119, 4121, 4128, 4158, 4170, 4174, 4188, 4203, 4205, 4210, 4215=2 holes per ft. 4287, 4289, 4302, 4303=1 hole per ft.		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 4340					
HOLE SIZE 12 1/4 7-7/8	CASING & TUBING SIZE 8-5/8 5-1/2 2-3/8 LUE		DEPTH SET 393 4340 4180		SACKS CEMENT 275 300				

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 5-31-66	Date of Test 6-7-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure 360	Choke Size 24/64
Actual Prod. During Test 125	Oil-Bbls. 125	Water-Bbls. 0	Gas-MCF Est. 100 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

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.

W. C. Hart
(Signature)
Prod. Supt.
(Title)
6-10-66
(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.