NO. OF COPIES REC	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR			

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	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104		
	NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE TO BE G. C. C.					
	FILE		AND	Effective 1-1-65		
	U.S.G.S. AUTHORIZATION TO TRANSPORTINIL SAND NATURAL REAS					
	LAND OFFICE			•		
	TRANSPORTER OIL					
ļ	GAS					
	OPERATOR	,				
1.	Operator					
	Kerr-McGee Co	rporacton				
	P.O. Box K, S	Sunray. Texas				
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry G	as 🔲			
	Change in Ownership	Casinghead Gas Conde	enscite			
	If change of ownership give name and address of previous owner					
	and address of previous owner			11 /11/11		
II.	DESCRIPTION OF WELL AND I	LEASE	Chaveroo-San Andres	<u></u>		
	Lease Name	Well No. Pool Name, Including I		Lease No.		
	State G	2 Chaveroo San	Andres state, Federa	or Fee State OG 1193		
	Location		//0	** *		
	Unit Letter N; 660	D Feet From The South Li	ne and 660 Feet From S	The West		
	40	7 Couth 5 3/	Fast , NMPM, Roose			
	Line of Section 19 Tow	waship 7 South Range 34	Hast , NMPM, KOOSe	Veit County		
***	DESIGNATION OF TRANSPORT	TED OF OUL AND NATURAL G	A S			
*11.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ved copy of this form is to be sent)		
	The Permian Corporat:	ion	1509 W. Wall. Midland.	Texas		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	∍n		
	give location of tanks.	N 19 7 34	No			
	If this production is commingled wit	th that from any other lease or pool	, give commingling order number:			
IV.	COMPLETION DATA					
	Designate Type of Completion	On - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	0		(Para) David	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	1 .		
	5-24-66	6-12-66 Name of Producing Formation	4360 Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	San Andres	4,156	4.150		
	4319.2 GR			Depth Casing Shoe		
		186, 4190, 4199, 4204, 1	4217, 4225, 4232, 4237,	4, 360		
	4251, 4200, 420	4251, 4260, 4265, 4270. TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/2	8 5/8	394	275		
	7 7/8	5 1/2	4360	350		
		2 = 1				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow-		
•	OIL WELL	able for this c	lepth or be for full 24 hours)			
	Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	jt, etc.)		
	6-8-66	6_13_66	Flow	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure			
	24	225	Mater - Bbls.	16/64 Gas-MCF		
	Actual Prod. During Test 262	Cil-Bbls. 262				
	202	202	0	Est 140		
	GAG WENT					
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	- Suding of Legi	See			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	resting Method (pitot, back pr.)	. while Liesanne (ount-IR)				
			011 0011555111	TION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION		

VI

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.

11 C / Starley				
Signature) (69 11) red.				
1-111 - (- G				
(Date)				

APPROVED	· man rame randon ()	 , 19
BY		
TITLE	<u> </u>	

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.