

ANTAFE  
FILE  
U.S.G.S.  
AND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OF ICE  
Operator

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

Braden-Deem, Inc.  
Address  
200 E. First, Wichita, Kansas 67202  
Reason(s) for filing (Check proper box)  
New Well  
Recompletion  
Change In Ownership  
Change in Transporter of:  
Oil  
Casinghead Gas  
Dry Gas  
Condensate  
Other (Please explain)

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  
State "DB"  
Well No.  
9  
Pool Name, Including Formation  
Chaveroo San Andres  
Kind of Lease  
State, Federal or Fee  
State  
Lease No.  
Location  
Unit Letter  
0  
660  
Feet From The  
South  
Line and  
1980  
Feet From The  
East  
Line of Section  
25  
Township  
7-S  
Range  
33-E  
NMPM,  
Roosevelt  
County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil  
Mobil Pipeline Co.  
or Condensate  
Address (Give address to which approved copy of this form is to be sent)  
Box 900, Dallas, Texas 75200  
Name of Authorized Transporter of Casinghead Gas  
Cities Service Oil Co.  
or Dry Gas  
Address (Give address to which approved copy of this form is to be sent)  
Bartlesville, Oklahoma 74003  
If well produces oil or liquids, give location of tanks.  
Unit  
D  
Sec.  
25  
Twp.  
7-S  
Rge.  
33-E  
Is gas actually connected?  
Yes  
When  
7-11-66

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  
Sanie Res'v.  
Diff. Res'v.  
Date Spudded  
Date Compl. 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 (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  
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  
10-15-1973  
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.