NO. OF COPIES MECHIVED	, e.	•		
DISTRIBUTION	-W MEXICO OU C	ONSERVATION COMMISSIC	(), C. C. Form C-104	
SANTA FE		FOR ALLOWABLE	Supersedes Old G-104 and G-110	
FILE		AND : 15 O	Effective 1-1-65	
u.s.g.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURALS	CMA pp	
LAND OFFICE			•	
RANSPORTER			. 1	
GAS	(Denicting	Surveys-Bac	V Sirle	
OPERATOR	(Neoution	sinorys Nau	e dice	
PRORATION OFFICE				
Common Manager	Petroleum a			
Jan Omerican	. Suroum G	<i>ω φ</i>		
Say 68 9 64	De Danson	1100 887/11	1	
Reason(s) for filing (Check proper hox)	104. 1 per 10 pe	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	s C		
Change in Ownership	Casinghead Gas Conden			
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND I	EASE	Chaveroo-	San Andres K-1276	
Legue fiane		ne, Including Formation R-3/04	Kind of Lease	
STATE DIE	$9((\mu_{A}))$	TROO DAN HUDRES!	Asyate, Federal or Fee SATE	
Location				
Unit Letter C :660	Feet From The DOUTN Line	e and 74'80 Figt From	The EAST	
0 =	7.0			
Line of Section 25 , Tow	nship (-) Range	33-E , NMPM, KOOS	EUELT County	
				
DESIGNATION OF TRANSPORT				
ilings of Authorized Transporter of Cil	or Condensate MAGNOLIA PIPE LINE COMPANY C	Address (Give address to which appro	oved copy of this form is to be sent)	
MAGNOLIA MIPELINE	CAPO MOBIL PIPE LINE COMPANY	LOX YOU LACEAS	10AS	
Mane of Authorized Transporter of Cas.	inghead Gas 🔽 or Dry Gas 🗌	Address (Give address to which appro	oved copy of this form is to be sent)	
CAPITAN INC		BOX 19598 LA	CCAS IZXAS	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	nen 7 //-//	
give location of tanks.	1) 25 1 35	(7/200)	7-11-66	
If this production is commingled with	h that from any other lease or pool,	give commingling order number:	•	
COMPLETION DATA				
Designate Type of Completion	n - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Date Compl. Ready to Prod.	Total Doub	P.B.T.D.	
Pote Spudded	l	Total Depth	1	
6-10-66	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Name of producing Formation		/12 QZ	
CHRUE(200	SANIANDRES	4 2 2 3	Depth Casing Shoe	
4223-25,35-	45,64-66,13-11,61	83, 85-81, 91-03,	1108	
HAUEROO JAN (ANDRES 4223 4383 Fortroditions 4223 - 25, 35-45, 64-66, 73-77, 81-83, 85-87, 97-03, Depth Casing Shoe 1 4306-10, 17-23, 30-34, 36-40, 43-47, 53-55, 57-63, 69-73 W/ZSPF 4498 TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4 "	8 5/8 "	1/9	250 Sx. Cic	
7 7/8 "	0 5/8	1408 1		
1.18	4/2	2430	800 sx.	
THE TATA AND DECLIEST EC	DATIOWARIE (Test must be at	for recovery of total volume of load oil	and must be equal to or exceed top allow	
TEST DATA AND REQUEST FOOH, WELL		ter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	st, etc.)	
6-24-66	7-11-66	Pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF / 60R 3/8	
75	67	<u> </u>	2/MCF (can 24°)	
GAS WELL		<u></u>		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	<u> </u>			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
		ļ,		
CERTIFICATE OF COMPLIANC	E.	OIL CONSERVA	ATION COMMISSION	
	į		£.4.	
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY		
+5-MMXL-U				
1-NSW	T	TITLE		
INDAP		This form is to be filed in	compliance with RULE 1104.	
1-SUSP ORWE	llians		wable for a newly drilled or deepened	
1- RRY (Signy	(ge)	well, this form must be accompa	nied by a tabulation of the deviation	
<u> </u>	trea (Jareman.	tests taken on the well in acco		
4 (Tul	()	All sections of this form mu able on new and recompleted we	ist be filled out completely for allow-	
	rea Careman 7-13-66	1	and VI only for changes of owner,	
(Dat	e)	well name or number, or transpor	ter, or other such change of condition.	
		Separate Forms C-104 mus completed wells.	t be filed for each pool in multiply	

Deviation Jurveys

	DEGLEES
DEPTH	OFF
224	1/2
449 883	11
1322 1729	" 3/4
1912	1 3/4
2400 , 2 895	1 /z 1 -
3169	1/4
3502	1 /2
3938	n .
4110	11
4298	3/4
4498	1/2

The above are true to the best of knowledge ORevellean. Alen tokeman

Sworn to this date, the 13th day of June, 1966.

notary Aiblic In + For Lea Co. nm My Emmission expires 6-18-66

