	NO. OF COPIES RECEIVED		100		
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	<b>A</b> ≈ Form C-104	
	FILE  REQUEST FOR ALLOWABLE  AND  SANTA FE  REQUEST FOR ALLOWABLE  AND  FILE  REQUEST FOR ALLOWABLE  AND  REQUEST FOR ALLOWABLE  AND			Coupersedes Old C-104 and C-110	
				TEUPOLIVE 1-1-65	
EAND OFFICE			ASJ8 Au		
			33' 150		
TRANSPORTER GAS GAS				•	
OPERATOR					
ı.	PRORATION OFFICE				
••	Operator nace Oil Company				
Tenneco Oil Company  Address P. O. Box 1031 Midland, Texas					
	New Well		Other (Please explain)		
	Recompletion	Change in Transporter of: Oil XX Dry Ga			
	Change in Ownership	Casinghead Gas Conden	<del></del>		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including Fo		25425	
	State "V"	2 Chaveroo San	Andres State, Federal	or Fee State OG 4897	
	Location				
	Unit Letter F; 198	1.5 Feet From The north Lin	e and 763.6 Feet From T	he west	
	Line of Continue Annual Property Annual Annu				
	Line of Section 30 Township 7-south Range 34-east , NMPM, Roosevelt County				
m.	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)	
	Mobil Pipeline Co.		Box 900 Dallag Toys	75221	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approv	ed copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en.	
	give location of tanks.	F 30 7-S 34-E	No		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	V. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff.				
Designate Type of Completion - (X)					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	8-4-66	N	4385	4350	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Subing Depth	
	4320 GR	San Andres	4201m	4135	
	Perforations One 3/8" jet @	4338, 4330, 4324, 4320,			
	4271, 4264, 4233, 4223, 4217, 4209, 4201, 16 holes				
		<del></del>	CEMENTING RECORD	V	
	HOLÉ SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	7-7/8"	4-1/2"	365 4382	140.	
	4-1/2 casing	2-3/8"	4135	Tubing	
	7 4/2 1984			330238	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow					
,	OII. WELL able 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	
	Length of Feet				
	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	
				Chala Sta	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
VI.	I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION  APPROVED , 19		
Commission have been comp		ith and that the information given			
	above is true and complete to the best of my knowledge and belief.				
	. 3	J. F. Carpes		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despend	
	4 1				
	(Signature)  Dist. Prod. Eng.  (Title)  November 22%, 1966  (Date)		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		
			Separate Forms C-104 must completed wells.	. Se tited for each poor in mutuply	
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