NO. OF COPIES RECEIVED NEW MEXICO OIL CONSERVATION COMMISSION DISTRIBUTION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. OIL TRANSPORTER OPERATOR PRORATION OFFICE 1.11. Tenneco 011 Company P. O. Box 1031 Midland, Texas Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation This vevoor 54A Kind of Lease Andres Undesignated San Andres R-313 State, Federal or Fee Well No. State "V" OG 4897 1981.5 Feet From The north Line and 763**.6** F _ Feet From The _ **West** , NMPM, Line of Section 30 Township 7-south Range 34-Kast Roosevelt III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P. O. Box 3119 Midland, Texas Address (Give address to which approved copy of this form is to be sent) Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas Twp. Unit Sec. Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. 30 7-S 34-E If this production is commingled with that from any other lease or pool, give commingling order number: Plug Back | Same Res'v. Diff. Res'v. Oil Well New Well Designate Type of Completion - (X) X Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded 4385 4350 8-4-66 Top Oil/Gas F Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 4320 GR 4201 San Andres Perforations One 3/8" jet as follows: 4338, 4330, 4324, 4320, 4306, 4300, 4292, Casing Shoe 4276, 4271, 4264, 4233, 4223, 4217, 4209, 4201 - 16 ho TUBING, CASING, AND CEMENTING RECORD 4201 - 16 holes SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 8-5/8" 365 140 4-1/2" 520 7-7/8" 4382 4-1/2 casing 2-3/8 4135 Tubing 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 Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
9-2-66	9-3-66	Flow			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
22-1/2	150 psi	Packer	16/64		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
166	166	TR	TSTM		

GAS WELL								
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

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(The arnes	J.F.Carnes			
(Signature)				
District Production Engineer				
(Title)	_			

September 6, 1966

OIL CONSERVATION COMMISSION

State

APPROVED_			 ., 19.	
BY			 	
		n :		

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