NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OF LAND OFFICE OIL TRANSPORTER GAS OPERATOR PROPATION OFFICE Operator GEROR BIL LIMITED 1962 Address Tueson, Arizona 1846 East Broadway, Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Recompletion Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner ____ R-3139 Chaveroo-San Andres II. DESCRIPTION OF WELL AND LEASE ell No. Kind of Lease Lease No. State, Federal or Fee Federal фи 050**477**А Chaveroo-San Andres CARD-FEDERAL Feet From The **North** Line and 660 west 660 Feet From The Township 7 South , NMPM, Range 33 East Roosevelt County Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | Or Condensate | | Address (Give address to which approved copy of this form is to be sent) Parmian Corporation Name of Authorized Transporter of Casinghead Gas 1509 W. Wall St. Midland. Texas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Is gas actually connected? When P.ge. Unit Sec. Twp. If well produces oil or liquids, give location of tanks. 7 S 33 E 7 Nn 27 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well TGas Well New Well Workover Same Res'v. Diff. Res'v. Designate Type of Completion - (X) X X P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 4500 4456 9-25-66 9-12-66 Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 4160 4411 KB 4400 GR San Andres 4140 Depth Casing Shoe 4471 4212,29,40,51,70,74,82,88 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 200 5/8 360 12 1 4471 350 7 7/8 5 1 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test 9-25-66 Swab 9-25-66 Casing Pressure Choke Size Length of Test 5 hrs. Water-Bbls. Gas - MCF Actual Prod. During Test 8 482 **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION

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.

/ (H)/	
Colward Generally (Signature)	-
Agent	_
(Title)	
9-26-66 (Date)	

APPROV	ED			, 19
BY		-, S	J. P. S. J.	
TITLE _			A. SNEWWY	·

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.

TO WHUM IT MAY CONCERN:

The following is a tabulation of the well deviation record for the GEROR BIU LIMITED 1962 #2 CARD—FEDERAL well:

361	1
850	. 1
1.348	3
1804	34
229 5	1-2
2701	诗
3190	2
3548	2
3 850	$1\frac{1}{2}$
3981	1
4154	14
4266	1
4429	34
4498	1

Found E. Kingay

STATE OF NEW MEXICO COUNTY OF EDDY

Subscribed and sworn to before me this $26^{\underline{m}}$ day of September, 1966.

Notary Public

My Commission expires August 28, 1969