		 _
NO. OF COPIES REC	EIVED	
DISTRIBUTIO		
SANTA FE		
FILE		
u.s.g.s.		
LAND OFFICE		
TRANSPORTER	OIL	
INAMSFORTER	G AS	
OPERATOR		
PRORATION OF		
Operator		

SANTA FE	ION	+-1		OR ALLOWABLE	Supersedes Old C-104 and C-110	
FILE		+-1	K E WOE 31 1	AND	Effective 1-1-65	
u.s.g.s.			AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS	
LAND OFFICE						
TRANSPORTER	OIL	4		·	,	
	GAS					
OPERATOR		4			•	
PRORATION OF	FICE					
· ·	Company	(West	ern Division)			
P. O. Box	1500 Wi	di ond	1. Texas 79701			
Reason(s) for filing	(Check prop	er boxi	A SAME	Other (Please explain)		
New Well	<u>x</u>		Change in Transporter of:			
Recompletion			Oil Dry Gas	75		
Change in Ownersh	ip		Casinghead Gas Conden	adie		
If change of owne and address of pro						
I. DESCRIPTION	OF WELL	AND L	EASE	Execution Kind of Lease	Lease No.	
Lease Name			Well No. Pool Name, Including Fo	State Federa	lor Fee	
State CVB			3 Chaveroo(San A	ndres)San Andres state, redeta	State K-3933	
Location	_	1 000	o - aouth	e and 1980 Feet From	The east	
Unit Letter	<u>J;</u> _	1980	Feet From The South Lin	e dud Feet 1 10tt		
Line of Section	31	Tow	mship 7S Range	33E , NMPM, Ro	posevelt County	
Line of Section						
I. DESIGNATION	OF TRANS	PORT	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	ned conv of this form is to be sent)	
Name of Authorize	d Transporter	of Oil	or Condensate	Address (Give address to which appro		
Mobil Pipe	Line Co	mpan	У	P. O. Box 1073, Mid. Address (Give address to which appro	land, Texas 79701	
'Name of Authorize	d Transporter	r of Cas	inghead Gas 🕎 or Dry Gas 🗔	Address (trive dadress to which appro		
Vented			Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	ien	
If well produces o			Unit Sec. Twp. Rge. 7S 33E	No	-	
give location of to						
If this production V. COMPLETION		led wit	th that from any other lease or pool,	give comminging order names.		
			Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate T	Type of Con	npletio	on - (X)	X :		
Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 4392'	
August 31	1966		October 3, 1966	4425 Top Oil/Ses Pay	Tubing Depth	
Elevations (DF, F		etc.j	Name of Producing Formation	4231'	4282*	
44581	DF		San Andres	1 4231	Depth Casing Shoe	
Perforations 42.	31', 423	3', 4	238', 4262', 4270', 4272 288', 4291', 4294', 4297	7' 4299'.	4424	
42	80', 420	<u>, 4</u>	TUBING, CASING, AN	D CEMENTING RECORD		
ног	E SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1			8 5/8"	365	275	
7 7			5 1/2"	44241	650	
				1000		
			211	42821	l and must be equal to or exceed top allow-	
V. TEST DATA	IND REQU	est f	OR ALLOWABLE (Test must be able for this d	epth or be for full 24 hours)		
OIL WELL	Oil Run To To	ink s	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
10/3/			10/5/66	Pump		
Length of Test	<u></u>		Tubing Pressure	Casing Pressure	Choke Size	
22 hr			-	Wester Bhia	Gas-MCF	
Actual Prod. Dur	ing Test		Oil-Bbls.	Water - Bbls.	TSTM	
60 ⋅ BO	<u> </u>		60	52	10111	
GAS WELL Actual Prod. Te	st-MCF/D		Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Actual Piod. 1	moi / D					
Testing Method	(pitot, back p	r.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICAT	E OF COM	PLIAN	NCE	OIL CONSERV	ATION COMMISSION	
vai oblivati toria					OCT 10 ELE	
I hereby certify	that the rul	es and	regulations of the Oil Conservation	APPROVED		
- 11 -	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		تك المعدد عديد.	THREE COPIES		
					LIC Y. INGBRERADO DISTRICT No. 1	
Or	iginal Sign	Rv Rv	•			
K.	W. LAGE	ONE		This form is to be filed in	n compliance with RULE 1104. owable for a newly drilled or deepene	
		/07	K. W. Lagrone		nanied by a tabulation of the deviction	
-	1 الاستالية ا		ction Superintendent	tests taken on the well in acc	cordance with RULE !!!.	
D:	LVISION		Cition Superincendenc	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
Ostalas '	October 7, 1966			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		
October	,, 1,00	(E	Date)	well name or number, or transp	otter of other anch change of condition	
				Separate Forms C-104 m completed wells.	ust be filed for each pool in multipl	
				• •		