

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

OCT 17 PM '66

I. Operator
Southern Petroleum Exploration, Inc.
Address
Box 1434, Roswell, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State X	Well No. 4	Pool Name, including Formation Undesignated-San Andres	Kind of Lease State	Lease No. K-2672
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 36 Township 7-S Range 33-E , NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Magnolia Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74003			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 36	Twp. 7-S	Rge. 33-E
Is gas actually connected?		When		
Yes		9-15-66		

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 9/12/66	Date Compl. Ready to Prod. 9/23/66		Total Depth 4490'		P.B.T.D. 4465'			
Elevations (DF, RKB, RT, GR, etc.) 4336 GR.	Name of Producing Formation San Andres		Top Oil/Gas Pay 4244'		Tubing Depth 4208'			
Perforations 4244 - 4345					Depth Casing Shoe 4481			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 373'		SACKS CEMENT 225			
7-7/8"	4-1/2"		4481'		350			

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)

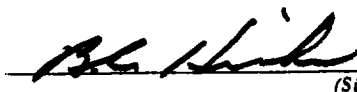
Date First New Oil Run To Tanks 9-23-66	Date of Test 9-30-66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 11 hours	Tubing Pressure 100#	Casing Pressure 600#	Choke Size 22/64
Actual Prod. During Test 110 bbls.	Oil - Bbls. 110	Water - Bbls. None	Gas - MCF 132

GAS WELL

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


(Signature)

District Land Manager

(Title)

October 3, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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.