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SANTA FE			
FILE			,
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

ı.	LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	. AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	GAS TO SE		
	Operator Southern Petroleum Exploration, Inc.					
	Address					
	Box 1434, Roswell, No Reason(s) for filing (Check proper box,		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry Casinghead Gas Cond	Gas densate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND Descri	Well No. Pool Name, Including	Formation Chaucice San Kind of Lee	Lease No.		
	State K	5 Undesignated	-San Andres (-317) State, Fede	ral or Fee State K-2672		
	Unit Letter	Feet From The South	Ine and 660 Feet From	n The West		
	Line of Section 36 Tov	vnship 7-S Range	33-E , NMPM, ROO	savelt County		
	DESIGNATION OF THE ANGROR	TER OF OW AND MATURAL O	NAC .			
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Hagnatia 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 Cas Cities Service Oil Co	ompa ny	Bartlesville, Oklaho	roved copy of this form is to be sent) ma 74003 When		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 36 7-S 33-		9-15-66		
IV.	If this production is commingled wit COMPLETION DATA			None		
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	9=22-66 Elevations (DF, RKB, RT, GR, etc.)	10-4-66 Name of Producing Formation	4480 Top Oil/Gas Pay	Tubing Depth		
	4346 RKB	San Andres	4240	4210		
	Perforations 4240 - 4342		NID GENENTING REGORD	Depth Casing Shoe 4466		
	HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	12-1/4"	8-5/8"	362 •	225		
	7-7/8"	4-1/2"	4466 •	350		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be	e after recovery of total volume of load o	il and must be equal to or exceed top allow-		
OIL 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.				lift, etc.)		
	10-4-66	10-11-66	Pump			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	5 hours Actual Prod. During Test	None	None Water-Bbls.	None Gas-MCF		
	50 bbls.	50 bbls.	None	35		
	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 OIL CONSER		OIL CONSER	ATION COMMISSION			
	* to a to a series about the enter and	regulations of the Oil Conservation	APPROVED			
	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)		n l			
				III		
			TITLE DISTRIC			
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
District Land Manager		well this form must be accom	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.				
October 12, 1966 Fill out only well name or numb			Fill out only Sections I, well name or number, or transp	II. III, and VI for changes of owner, orter, or other such change of condition.		
			Separate Forms C-104 m	Separate Forms C-104 must be filed for each pool in multiply completed wells.		