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TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION 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

(DEVIATION SURVEYS - BACK SIDE)

AMERICAN PETROLEUM CORPORATION

Box 68 Hobbs N.M. 88240

Reasons for filing (Check proper box)

Change in ownership <input checked="" type="checkbox"/>	Change in Transporter of:
Change in location <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well No. <u>3</u>	Pool Name, including Formation <u>CHAUEROO San Andres</u>	Kind of Lease <u>State, Federal or Fed.</u>	Lease No. <u>NM 0164650</u>
Feet From The <u>SOUTH</u> Line and <u>2150.9</u> Feet From The <u>EAST</u>			
Line of Section <u>18</u>	Township <u>7-S</u>	Range <u>34-E</u>	County <u>ROOSEVELT</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>THE PERMIAN CORP (TRUCKS)</u>	<u>Box 3115, MIDLAND, TEXAS</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>19</u> Twp. <u>7</u> Rge. <u>34</u>	Is gas actually connected? <u>No</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number: TEMP AUTH FOR NORMIE FORD

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>9-21-66</u>	Date Compl. Ready to Prod. <u>10-7-66</u>	Total Depth <u>4340'</u>	P.B.T.D. <u>4301'</u>					
Productions (DF, RKB, RT, GR, etc.) <u>4333 RDB</u>	Name of Producing Formation <u>SAN ANDRES</u>	Top Oil/Gas Pay <u>4064'</u>	Tubing Depth <u>4248'</u>					
Well Bottoms <u>4064-66, 78-79, 80-83, 85-86, 89-90, 92-93, 94-95, 4120-22, 26-29, 46-49, 55-57, 62-63, 68-70, 70-72, 77-79, 82-84, 86-88, 92-93, 95-97, 4238-42, 45-49, 52-54, 55-57, 61-63, 65-67</u>			Depth Casing Shoe <u>4340'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>450'</u>	<u>300</u>					
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>4340'</u>	<u>800</u>					
	<u>2 3/8"</u>	<u>4248'</u>						

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 <u>10-7-66</u>	Date of Test <u>10-19-66</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>53</u>	Oil-Bbls. <u>51</u>	Water-Bbls. <u>2</u>	Gas-MCF <u>NH</u>

TEST 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

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 is true and complete to the best of my knowledge and belief.

NMOCCH

CV BAYES

MS (U)

SUSP

ERRY

(Signature)

(Title)

(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



St. Mark's
Notary Public and Sea Comm.
My Commission Expires June 18, 1968

According to this date, the 20th day of October, 1966.

Over dupl
10-20-66

The above are true to the best of my knowledge.

DEPTH	DEGREES
450	1 1/2
907	3/4
1362	"
2155	1 1/2
2500	1 3/4
3062	2 1/2
3490	1 -
3750	1 1/2
3906	3/4
4033	"
4115	1 -
4194	1 -
4340	1 -

(DEVIATIONS)