NO. OF COMIES REC	LIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION (2) REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110

Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 2 CLINTON OIL COMPANY - OPERATING DIVISION Address 217 NORTH WATER, WICHITA, KANSAS 67202 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Oil Change in Ownership y Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ Pan American Petroleum Corp., Box 68, Hobbs, New Mexico II. DESCRIPTION OF WELL AND LEASE,
| Well No. | Pool Name, Including Formation Kind of Lease MMLease Nc. State, Federal or Fee Federal WOLF FEDERAL Chaveroo San Andres 0164650 Location ; **1**98**0** Feet From The North Line and <u>660</u> _ Feet From The <u>East</u> 7**-**S 34-E Line of Section 19 Township Range , NMPM, Roosevelt County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil 🔼 Address (Give address to which approved copy of this form is to be sent) or Condensate Box 900, Dallas, Texas
Address (Give address to which approved copy of this form is to be sent) Mobil Pipeline Co. Name of Authorized Transporter of Casinghead Gas 🛣 💮 or Dry Gas 🗔 Cities Service Oil Co. Bartlesville, Oklahoma Rge. Sec. Twp. Is gas actually connected? If well produces oil or liquids, 19 7 В 34 Yes 2-9-67 If this production is commingled with that from any other lease or pool, give commingling order number: CTB-165 IV. COMPLETION DATA Oil Well Gas Well Same Restv. Diff. Restv. Workover Plug Back New Well Deepen Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT (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 Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bble. Water - Bble. Ggs - MCF Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 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. TITLE SIMPSONCED This form is to be filed in compliance with RULE 1104.

	m L aise	rubreu
M.I. Alsenbrey Prod. Clerk	(Signature)	J
	(Title) 4-27-70 (Date)	

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 sllow-able 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.