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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

HUBBS OFFICE O.C.C.

Nov 17 1 44 PM '66

Operator American Trading and Production Corporation	
Address P. O. Drawer 992, Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico State "20"	Well No. 3	Pool Name, Including Formation Chaveroo (San Andres)	Kind of Lease State, Federal or Fee	Lease No. OG 930
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>7S</u> Range <u>34E</u> , NMPM, <u>Roosevelt</u> 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"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) 2003 Wilco Building, Midland, Texas					
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 K	Sec. 20	Twp. 7S	Rge. 34E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-20-66	Date Compl. Ready to Prod. November 13, 1966		Total Depth 4400		P.E.T.D. 4352'			
Elevations (DF, RKB, RT, GR, etc.) 4312 Gr. Level	Name of Producing Formation San Andres		Top Oil/Gas Pay 464		Tubing Depth 4010'			
Perforations One hole at each level: 4164, 4181, 4198, 4210, 4220, 4228, 4232, 4251, 4262, 4270, 4279, 4290, 4297, 4305.					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8", 28#, H-40		392		260 Sks. Incor 4% gel			
7 7/8"	4 1/2", 11.6#, J-55		4384		Circ.			
	2" EUE				450 Sks. Posmix 4% gel			

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 November 13, 1966	Date of Test November 13, 1966	Producing Method (Flow, pump, gas lift, etc.) Pump Swab	
Length of Test 8-Hr.	Tubing Pressure Swabbing	Casing Pressure 40#	Choke Size
Actual Prod. During Test 78 Bbls.	Oil-Bbls. 78 Bbls.	Water-Bbls. 0	Gas-MCF Not measureable

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

W. S. Hall
(Signature)
Production Foreman
(Title)
November 15, 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.

New Mexico State "20" #3

Unit K. 1980' FSL and 1980' FWL of Section 20
T-7-S, R-34-E, Roosevelt County, New Mexico

<u>Depth</u>	<u>Deviation</u>
390	1°
890	1°
1185	3/4°
1490	1 1/2°
1740	1 1/2°
2095	1 1/4°
2345	1 1/4°
2840	1 1/4°
3108	1°
3450	1°
3700	1 3/4°
3991	2 1/2°
4120	2 3/4°
4220	2 3/4°
4332	2 3/4°
4400	2 3/4°

I hereby certify that the information shown above is true and complete
to the best of my knowledge and belief.

Signed

W. E. Tally
W. E. Tally

Title

Production Foreman

Subscribed and sworn before me this 15th day of November, 1966.

Charles D. Scott
Notary Public
Midland County, Texas