NO. OF COPIES RECE	IVED	<u> </u>	
DISTRIBUTIO			
S'NTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GAS	<u>L</u>	
OPERATOR			
PRORATION OF	ICE		
Operator			
	Ter	ne	00
Address			
	P.	0.	Воз

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	S'NTA FE				REQUEST F	OR AHIBOWABLECE 3. C.	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE			_		AND	• • •		
!	U.S.G.S.				AUTHORIZATION TO TRAN	ISPORT OIL AND NATHR	AL GAS		
-	LAND OFFICE	T	-		•	10 J H 37 HJ	9/		
1	TRANSPORTER	GAS							
}	OPERATOR	GAS	 	\dashv					
	PRORATION OF	FICE	-		•				
4.	Operator	, ,	<u> </u>						
ŀ		Ter	necc	0:	il Company				
ľ	Address								
Į		P. O. Box 1031, Midland, Texas Other (Please explain)							
	Reason(s) for filing	(Check p	proper (box)	Character Temperature of	Other (Freuse emplain	",		
	New Well	A			Change in Transporter of: Oil Dry Gas				
	Recompletion Change in Ownershi				Casinghead Gas Condens				
l	Change in Ownershi	PL							
	If change of owner				•				
•	and address of pre	vious ov	vner						
11.	DESCRIPTION O	OF WEL	L AN	D L	EASE				
	Lease Name	, , , , , , , , , , , , , , , , , , ,		-	Lease No. Well No. Pool Nam	e, Including Formation	Kind of Lease State, Federal or Fee State		
	State V				OG 4897 4 Cha	veroo San Andres	State, Federal or Fee State		
	Location					1:			
	Unit Letter	<u> I</u>	. ;	23	10 Feet From The South Line	and 990 Feet	t From The East		
					<u> </u>	Oh Barata maria	Roosevelt. County		
	Line of Section	30		Town	nship 7 South Range	34 East , NMPM,	Roosevelt County		
	n vacy on a manage		Nema	. z	TED OF OUR AND NATIONAL CAS	2			
III.	Name of Authorized	Transpo	rter of	011	ER OF OIL AND NATURAL GAS Or Condensate	Address (Give address to which	h approved copy of this form is to be sent)		
	Mobil Pip					P. O. Box 900, Dal	llas, Texas 75221		
	Name of Authorized	Transpo	orter of	Casi	Inghead Gas or Dry Gas	Address (Give address to which	h approved copy of this form is to be sent)		
	If well produces oil	l or liquid			Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	give location of tar		20,	į	I 30 7-S 34-E	No			
	If this production	is comm	ingled	witl	h that from any other lease or pool,	give commingling order number	er: Well at present is producing		
IV.	COMPLETION I) A T A	into	τe	est tank we the well, but	MILI DE COULTEC OCC. 1	HITO CALLE BACTOOL J LEE CLASS TO		
	Designate Ty		Sec	ベロ	1.12 K 74 POIL WEIL Gds Well	New Well Workover 1500	epen Plug Back Same Res.v. Din. Res.v.		
		pe of C	ompi	etio		X	P.B.T.D.		
	Date Spudded				Date Compl. Ready to Prod. 12/12/66	Total Depth 4426	4382		
	11/18/66	(D. D.D.			Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RF	(B, KI, (GR, etc	:•)	San Andres	4242	4274		
	Perforations ()NE	3/8 ¹¹	hol	e @	4242, 4247, 4251, 4255,	4260, 4264, 4296,	4310, Depth Casing Shoe		
		5, 5			4325, 4342, 4345, 4354.	•	4426		
					TUBING, CASING, AND	CEMENTING RECORD			
	HOLI	E SIZE			CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	1.	<u>l.</u>			8-5/8	374	270		
	· ·	7-7/8			4-1/2	4426	520		
		+-1/2	csg.		2-3/8	4274	tbg.		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)								
	OIL WELL Date First New Oi	I Bun To	Tanke		Date of Test	Producing Method (Flow, pump	p, gas lift, etc.)		
	Date First New Of 2/1/6		. wiik s		2/1/67	pump			
	Length of Test	71			Tubing Pressure	Casing Pressure	Choke Size		
	-	nrs.			20#	20#	open 2"		
	Actual Prod. Durin				OII-Bbis.	Water-Bbls.	Gas - MCF		
	1	bbls.			28	7	TSTM		
	GAS WELL				·	Company of Company			
	Actual Prod. Test	-MCF/D)		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
						Casina Bressure	Choke Size		
	Testing Method (p	itot, bac	k pr.)		Tubing Pressure	Casing Pressure	OHORA DINA		
							CERVATION COMMISSION		
VI	. CERTIFICATE	OF CO	OMPL	IAN	CE	OIL CONS	SERVATION COMMISSION		
						APPROVED	, 19		
	hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		· · · · · · · · · · · · · · · · · · ·						
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY	BY					
						TITLE	TITLE		
	1	1				TITLE			
		4		1	_	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	(1. anes				Illiand at the form mark his f	accompanied by a legiteficit of the deviation		
		'(Signature)				tests taken on the well	in accordance with RULE 111.		

(Title)

February 2, 1967

(Date)

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.