| NO. OF COMES RECEIVED | (| |
|-----------------------|-----|---|
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER DIL | | |
| OPERATOR | | |
| PRORATION OFFICE | 1 | |
| American Trading | and | P |

NEW MEXICO OIL CONSERVATION COMMISS. REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORTIOIL AND NATURAL GAS

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

| LAND OFFICE | | 14 55 M '67 | , | |
|--|---|--|---|--|
| TRANSPORTER OIL | | | | |
| GAS | | | | |
| OPERATOR | 7 | | | |
| PROBATION OFFICE | 1 | | | |
| Operator | | | - | |
| American Trading and Praddress | coduction Corporation | | | |
| P. O. Drawer 992, Midle | and, Texas 79701 | | | |
| Reason(s) for filing (Check proper box | | Other (Please explain) | | |
| New Well | Change in Transporter of: | | | |
| | Oil Dry Go | Casinghead Gas | | |
| Recompletion | Casinghead Gas Conde | _ | | |
| Change in Ownership | Casinghead Gas Contact | | | |
| If change of ownership give name and address of previous owner | | | | |
| DESCRIPTION OF WELL AND | LEASE | | ise Lease No. | |
| Lease Name | Well No. Pool Name, Including F | Formation Kind of Lea | | |
| New Mexico State "20" | 4 Chaveroo (Sa | n Andres) State, Fede | og-930 | |
| Unit Letter N : 660 | O Feet From The South Lin | ne and 1980 Feet From | n The West | |
| Line of Section 20 To | wnship 7S Range 3 | 4E , NMPM, | Roosevelt County | |
| DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | AS Acidness (Give address to which app | roved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oi | or Condensate | | | |
| Mobil Pipeline Company | | P. 0. Box 900, Dallas, | roved copy of this form is to be sent) | |
| Name of Authorized Transporter of Ca | singhead Gas X or Dry Gas | | | |
| Cities Service Oil Com | pany | Cities Service Bldg., | | |
| If well produces oil or liquids, | Unit Sec. Twp. P.ge. | is gas actually commercial | When | |
| give location of tanks. | N 20 7S 34E | Yes | August 10, 1967 | |
| COMPLETION DATA | ith that from any other lease or pool | New Well Workover Deepen | None | |
| Designate Type of Completi | on - (X) | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| Date Spudded | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| Perforations | | | Depth Casing Shoe | |
| | TUTING CASING AN | ID CENENTING PECOPD | | |
| | | ND CEMENTING RECORD | SACKS CEMENT | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS SEMENT | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be able for this | depth or be for full 24 hours! | oil and must be equal to or exceed top al | |
| OIL WELL Date First New Cil Run To Tanks | Date of Test | Producing Method (Flow. pump, gas | s lift, etc.) | |
| | | | Chake Size | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | | | | |
| Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCF | |
| | | | | |
| GAS WELL | Li comb of Tool | Bbls. Condensate/MMCI | Gravity of Condensate | |
| Actual Prod. Test-MCF/D | Length of Test | Data. Joildonaldy miles | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| | | 011 0011000 | NATION COMMISSION | |
| L CERTIFICATE OF COMPLIA | NCE | OIL CONSER | EXATION COMMISSION | |
| | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | , 19 | |
| I heraby cartify that the rules an | d regulations of the Oil Conservation | APPROVED | | |
| | | ORIGINAL | & TUND COME | |
| above is true and complete to the best of my knowledge and belief, | | B STORBLY BY: FIRIC & ENL ODE: 181 | | |
| | | ENGINEER | R MISTINGT No. 1 | |
| <u> </u> | 1 1 | | | |
| Dall | 1. Us. : | This form is to be filed | in compliance with RULE 1104. | |
| / / WII 1/2 | 1 11/11 101 | | Howehite for a newly drilled or deepe | |

(Signature)

(Title)

District Engineer

September 15, 1967

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.