NO. OF	COPIES RECEIVED					
· · · · · · · · · · · · · · · · · · ·	TRIBUTION	- 				
	SANTA FE REQUEST FOR ALLOWABLE U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST					
<u> </u>						
LANDO		NATURAL (1A S 67			
	TRANSPORTER GAS GAS					
OPERAT						
I. PRORAT	TION OFFICE				· · · · · · · · · · · · · · · · · · ·	
FRAN	KLIN, ASTON & FA	IR, INC.		 		
	for filing (Check proper box	ell, New Mexico 88201				
New Well	X	Change in Transporter of:	Other (Please	explain)		
Recomplet		Oil Dry G	= 1			
	of ownership give name			1 19	/	
	ss of previous owner		11	'		
Lease Nan		Well No. Pool Name, Including F		Kind of Leas	•	Lease No.
Liva	udais Tren Feder	ral 3 Todd Lower San	n Andres	State, Federa	lor Fee Federal	NM 013998
	tterC; 1871.	.3 Feet From The West Lin	ne and 660	Feet From "	The North	
Line of	Section 30 To	wnship 7 South Range	36 East , NMPM,	Roose	vel t	County
Name of A	uthorized Transporter of Oil		Address (Give address t	o which appro	ved copy of this form is	to be sent)
	1 Oil Corporation wheelzed Transporter of Car		P. O. Box 900, Dallas, Texas Address (Give address to which approved copy of this form is to be sent)			
	es Service Oil Co	Milnesand, New	Bluitt Gasolene Plant, c/o Mr. M. R. Smith, Milnesand, New Mexico Is gas actually connected? When			
	duces oil or liquids,	Unit Sec. Twp. Rge. M 30 7S 36E	Yes		4/20/67	
If this prod V. COMPLE	luction is commingled with TION DATA	th that from any other lease or pool,		number:		
	nate Type of Completic		New Well Workover	Deepen	Plug Back Same Re	es'v. Diff. Res'v.
Date Spudo	/67	Date Compl. Ready to Prod. 4/15/67	Total Depth 4290 I		P.B.T.D.	
Elevations	(DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/XX Pay		Tubing Depth	
	.1' KB	San Andres	4226		41291	i
Perforation	18 4230', 4234',	4240', 4243', 4249', 425		', 4253'	Depth Casing Shoe	
4254	', 4255', 4256',	4260', 4267', and 4270'				
-	HOLE SIZE		CEMENTING RECOR			
	12 1/2"	8 5/811	299' K		SACKS CE	
	7 7/811	5 1/2"	4290 K		160 sacks circ	to surt.
		2 1/2		<u> </u>	250 sacks	
V. TEST DA	TA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volumers pth or be for full 24 hours	ne of load oil	i and must be equal to or	exceed top allow-
Date First	Date First New Oil Run To Tanks 4/15/67 Date of Test 4/20/67 Producing Method (Flow, pump, gas lift, Flowing				i, etc.)	
Length of		Tubing Pressure	Casing Pressure		Choke Size	
24 h		70#			24/6411	
	d. During Test	Oil-Bbis.	Water-Bbls.		Gas-MCF	
l		23.44	10		145.2	
GAS WEL	LL					
	ctual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCI		,	Gravity of Condensate		
Testing Me	sthod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	·in)	Choke Size	

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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

APPROVED

Jam D Stephans
(Signature)
Executive Vice President
(Title)

(Date)

4/21/67

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable the 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 int companiesy for allowable on new and recompleted wells.

Fill out only Sections I. II. III. and V. fo. changes of owner, well name or number, or transporten or other such a few of the contract of the