

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
FIDUCIARY OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUN 21 11 52 AM '67

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

→ DEVIATION SURVEY ON REVERSE SIDE ←

I. OPERATOR  
KERN COUNTY LAND COMPANY  
Address  
418 FIRST STATE BANK BLDG MIDLAND, TEXAS  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

~~UNDESIGNATED~~

Chaveroo-San Andres

Lease Name FEDERAL 21A	Well No. 1	Pool Name, Including Formation CHAVEROO-SAN ANDRES	Kind of Lease State, Federal or Fee FED	Lease No. NM 0108107-A
Location Unit Letter H : 1980' Feet From The NORTH Line and 660' Feet From The EAST Line of Section 21 Township 7S Range 33E, NMPM, ROOSEVELT 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"/> PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) Box 3119 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 H	Sec. 21	Twp. 7S	Rge. 33E	Is gas actually connected? No	When UNKNOWN

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 5-5-67	Date Compl. Ready to Prod. 6-20-67		Total Depth 4350		P.B.T.D. 4313			
Elevations (DF, RKB, RT, GR, etc.) 4403.1 GR.	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 4163		Tubing Depth 4306			
Perforations 4163', 4201', 06', 08', 18', 22', 26', 65', 69', 75'					Depth Casing Shoe 4344			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4	7"		1800'		375			
6 1/4	4 1/2"		4344		350			

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 6-20-67	Date of Test 6-20-67	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 20 HRS	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 128 BBLs	Oil - Bbls. 120 BBLs	Water - Bbls. 8 BBLs	Gas - MCF 40

GAS WELL

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

Donald R. Kurasch  
(Signature)

DISTRICT ACCOUNTANT  
(Title)

6-20-67  
(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