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	DISTRIBUTION		CONSERVATION COMMISSION	Form C-104
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11
	FILE U.S.G.S.		AND	Effective 1-1-65
	LAND OFFICE	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
		-		·• ··· ·
	TRANSPORTER GAS	-		
	OPERATOR			
I.	PRORATION OFFICE			·
	Operator			
	Western States Producing Company Address			
	900 Bank of the Southwest Midland, Texas 79701			
	Reason(s) for filing (Check proper bo		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Go		
	Change in Ownership	Casinghead Gas Conde	nsate	
	If change of ownership give name			
and address of previous owner				
П.	II. DESCRIPTION OF WELL AND LEASE (Chaseroo-San Andres)			
	Lease Name	Well No. Fool Name, Including F		Lease No.
	State 30	2 Chaveroo (Sa	n Andres) State, Feder	^{al or Fee} State Gallina No
	Location			
	Unit Letter L ; 19	80" Feet From The <u>South</u> Lir	ne and <u>660</u> Feet From	The West
	Line of Section 30 To	ownship 7-S Range	33-Е , ММРМ,	Roosevelt County
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	15	
	Name of Authorized Transporter of Oi		Address (Give address to which appro	oved copy of this form is to be sent)
	Permian Corporation		P. O. Box 3119 Mid1	and, Texas
	Name of Authorized Transporter of Ca	asinghead Gas 🔀 or Dry Gas 📑	Address (Give address to which appro	oved copy of this form is to be sent)
	None		·	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ree.		ier.
		L 30 7-S 33-E		
	If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completi	$\operatorname{on} - (\mathbf{X})$ X	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	6-7-68	9-5-68	4433 *	4406 '
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth
	4447 °DF	San Andres	4174	41 32 ^e Depth Casing Shoe
	4174' - 4388' - 15 h	-1		4413 ¹
	<u>41/4 - 4388 - 15 n</u>		D CEMENTING RECORD	441.5
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	11"	7"	1820'	400 Sks Circ.
	6 1/8 "	4 1/2"	441.3'	150 Sks
		2 3/8"	41.32 '	
			l	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equipable for this depth or be for full 24 hours)				and must be equal to or exceed top allow-
i	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
	9-5-68	9-5-68	Pump	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hours	48 66		
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas - MCF
l	25	25	10	27.5
	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 COMPLIAN	CE		TION COMMISSION
			APPROVED	
	I hereby certify that the rules and	regulations of the Oil Conservation		
		with and that the information given e best of my knowledge and belief.		
	b mall		TITLE	
	The AN IL	har makes	This form is to be filed in compliance with RULE 1104.	
-	(Signature) Office Manager		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.	
•		nager	All sections of this form must be filled out completely for allow- 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.	
	September 10, 1	968		
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