

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
NOV 12 45 PM '68

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

Operator Southwestern Natural Gas, Inc.	
Address 900 Building of the Southwest, Midland, Texas	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Jones "26"	Well No. 2	Pool Name, including Formation Chaceroo-San Andres UNDESIGNATED R-3562	Kind of Lease State, Federal or Fee	Lease No. --
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>26</u> Township <u>7-S</u> Range <u>32-E</u> , NMPM, <u>Roosevelt</u> 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"/>			Address (Give address to which approved copy of this form is to be sent)			
Permian			Box 3119, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
None			--			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 7-S	Rge. 32-E	Is gas actually connected? No	When Unk.

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-11-68	Date Compl. Ready to Prod. 10-10-68		Total Depth 4475'			P.B.T.D. 4458'				
Elevations (DF, RKB, RT, GR, etc.) 4445' DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 4161'			Tubing Depth 4155'				
Perforations 4161'-4339', 16-0.31" Dia. Holes							Depth Casing Shoe 4475'			
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"		7"		1815'		400-Circ.				
6-1/8"		4 1/2"		4475'		150				
		2-3/8"		4155'						

V. PRESSURE TEST AND REQUEST FOR ALLOWABLE				(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 10-10-68	Date of Test 10-26-68	Producing Method (Flow, pump, gas lift, etc.) Pump - 2" x 1 1/2" x 12'			
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure --		Choke Size --	
Actual Prod. During Test 19	Oil-Bbls. 19	Water-Bbls. 55		Gas-MCF 28.5	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Don C. Bennett
(Signature)
Chief Engineer
(Title)
10-29-68
(Date)

APPROVED NOV 1 1968 19
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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 completed wells.