Partin "35"		1	Chaveroo (	
Lease Name	Lease No.	Well No.	Pool Name, Includir	
DESCRIPTION OF WELL AND				
f change of ownership give name and address of previous owner				
	0.0017,103.00			
Change in Ownership	Casinghead Ga	s 🗂	Condensate	
Recompletion	Oil		Dry Gas	
New Well	Change in Trai	sporter of	:	
900 Building of Reason(s) for filing (Check proper bo	th <u>e Southwes</u>	τ	Midla	
			M: 41 -	
Western States	Producing Com	pany		
Operator	_			
PRORATION OFFICE				
OPERATOR				
GAS				
TRANSPORTER	*			
AND OFFICE	<u>:</u> —		· · · · · · · · · · · · · · · · · · ·	
U.S.G.S.	AUTHORIZ	ATION TO TRANSPORT		
FILE			AND	
SANTA FE		REQUEST FOR ALL		
DISTRIBUTION	_ NE	W MEXIC	MEXICO OIL CONSERVA	

## TION COMMISSIUN LOWABLE

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

	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS						
	AND OFFICE									
	TRANSPORTER		•							
	GAS									
	OPERATOR	_								
1.	PRORATION OFFICE Operator									
		Durat di aire Carantana								
	Western States	Producing Company		• • • • • • • • • • • • • • • • • • • •						
	900 Building of	900 Building of the Southwest Midland, Texas 79701  Reason(s) for filing (Check proper box)  Other (Pieuse explain)								
		Change in Transporter of:	Ome (Fields explain)							
	New Well									
	Recompletion	Casinghead Gas Condel								
	Change in Ownership									
	If change of ownership give name									
	and address of previous owner									
11.	DESCRIPTION OF WELL AND	LEASE								
	Lease Name	Lease No.   Well No.   Pool Na	me, Including Formation	Kind of Lease						
	Partin "35"	1 Cha	veroo (San Andres)	State, Federal or Fee Fee						
	Location	•								
	Unit Letter B;66	O Feet From The North Lir	ne and 1980 Feet From	The West - 1						
	om Better									
	Line of Section 35 To	waship 7-S stange	32-E , NMPM, Ro	osevelt County						
		<u> </u>	<u> </u>							
III	DESIGNATION OF TRANSPORT	TER OF OUL AND NATURAL GA	AS.							
	Name of Authorized Transporter of Oil		Address (Give address to which appro	ved copy of this form is to be sent)						
		_	P. O. Box 3119	Midland, Texas						
	Permian Corporation Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)						
	None	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en						
	If well produces oil or liquids, give location of tanks.			77 1						
	L'	B 35 7-S 32-E		Unknown						
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:							
IV.	COMPLETION DATA	On Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.						
	Designate Type of Completion	on = (X)		Find Dack Same Ites V. Bill Ites V.						
		Δ ,	X							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	10-20-68	11-20-38	4475	4439						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
	4437.5' KB	San Andres	4182	4170'						
	Perforations			Depth Casing Shoe						
	4182' - 4362	' - 14 - 0.375" hole		4475!						
		TUBING, CASING, AN	D CEMENTING RECORD							
	HOLE SIZE	CASING & TUEING SIZE	DEPTH SET	SACKS CEMENT						
	11"	8 5/8"	4561	300 - Circ.						
	7 7/8"	4 1/2"	4475	200						
		2 3/24	4170							
**	DEFENDANCE AND DESCRIPTION	OD 27 YOWARIE (Tast must be a	ther recovery of total volume of load oil	and must be equal to or exceed top allow-						
٧.	OIL WELL	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)								
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)						
	31 20 60	11-26-68	Pump							
	11-20-68 Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
	24 hrs									
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF						
	70	70	40	84						
	1	/0	40							
	CAS WELL									
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate						
	Actual Prod. 1981-MCF/D	Length of Test	Biol Condonato, Minor							
		White Description	Casing Pressure	Choke Size						
	Testing Method (pitot, back pr.)	Tubing Pressure	Cusing Freesure	Chord Size						
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION						
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19						
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		SY Jal Chul							
			TITLE							
	11/1/2	///		tiongo with mill 5 1104						
Au (Signature)  Office Manager  (Title)  December 2, 1968			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.							
							(D	ate)	well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply	
									Separate Forms C-104 mus completed wells.	st be lifed for each poor in multiply.
									It combined incises	