	NO. OF COPIES RECEIVED	<u> </u>			
	DISTRIBUTION			Form C-104	
	SANTA FE		T FOR ALLOWABLE	Supersedes Old C-104 and C-1	
	FILE	_	HUBANDOFFICE	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	HI BAND OF THE AND NATURAL	GAS .	
	LAND OFFICE	A	PR 15 2 16 PN 159		
	TRANSPORTER OIL GAS		~ ~ 16 PN >69		
	OPERATOR				
1	PROBATION OFFICE				
•	Operator				
	GEROR, INCORPORATED				
	Address 1246 F. Broadman Muccon Anizona 85770				
	1346 E. Broadway, Tucson, Arizona, 85719				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well				
	Recompletion		Gas Permian Cor	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
Change in Ownership Casinghead Gas Condensate Midland, Texas, 797				<i>203, 19101</i>	
	If change of ownership give name				
	and address of previous owner	ina adaress of previous owner			
11	DESCRIPTION OF WELL AND	DESCRIPTION OF WELL AND LEASE			
44	Lease Name	Well No. Pool Name, Including	Formation Kind of Lea	se Lease No.	
	Federal "19" 1 Chaveroo-San Andres State, Federal or Fee Federal N1044701C				
Location					
	Unit Letter 0; 660 Feet From The South Line and 1980 Feet From The East Line Line of Section 19 Township 7 South Range 33 East , NMPM, Rossevelt				
III.	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL 20 or Condensate Address (Give address to which approved copy of this form is to be and the second s				
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of the			oved copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Eq. N 19 7S 33E	Is gas actually connected? Whented	hen	
	give location of tarks. N 19 7S 33E Vented				
	f this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'y, Diff. Bes'y.	
	Designate Type of Completi			Fing Buck Sume Res.V. Din, Res.V.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	9-18-68	10-10-68	4370	4348	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Øil/Gas Pay	Tubing Depth	
	4436GL, 4448KB	San Andres	4177		
	Perforations	±	×	Depth Casing Shoe	
	4177, 4209,15, 19, 32, 35, 43, 47, 52, 59, 66,72,77,83(14-3/8)				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/2	8 5/8	375	275	
	7 7/8	5 1/2	4358	400	
			: 		
Ψ.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and inust be equal to or exceed top allow-	
	OIL WELL able for this dep		pth or be for full 24 hours)		
	Dute First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ijt, etc.)	
			Carles December 1	Chaba Star	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	And all Devide Devices Treat	0(1. 251)	Water-Bble.		
	Actual Prod. During Test	Oil-Bbls.			
	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	OIL CONSERVA		
• • •			OIL CONSERVATION COMMISSION		
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19		
	Commission have been complied with and that the information given		Level 19 50		
	above is true and complete to the best of my knowledge and belief.		BY		
			TITLE STOPERVIS DE LE CORT		
	The Tours		This form is to be filed in compliance with RULE 1104.		
	MC APPY			-	
	CXC MCC (Signature)		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		
	R. E. Geror - President		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
	(Title)				
	April 15, 1969		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,		
	(Date)		well name or number, or transporter, or other such change of condition.		
				t be filed for each pool in multiply	
			i completed wells.		