7	/				
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	DISTRIBUTION		ONSERVATION COMMISSI	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
	U.S.G.S.		AND ANSPORT OIL AND NATURAL GA		
	LAND OFFICE		AND OUT ONE AND NATURAL G		
	TRANSPORTER OIL GAS	-			
	OPERATOR	-			
I.	PRORATION OFFICE				
	Operator				
	Address				
	3305 Lee Larkiev Hallas, Texa: 75219				
	leason(s) for filing (Check proper box) Other (Please explain)				
		Change in Transporter of:			
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder			
	f change of ownership give name nd address of previous owner				
	DESCRIPTION OF WELL AND	SCRIPTION OF WELL AND LEASE Bluitt-Sun Andres Associated			
Lease Name Well No. Pool Name, Including Formation Not Legonia Baetz Federal 3 Baetz (San Andres)				Lease No.	
				or Fee Rederal MMO4421	
				_	
	Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>HOP'T, F</u> Line and <u>560</u> Feet From The <u>Hast</u> Line of Section 13 Township & Range 37E , NMPM, <u>Roosevelt</u> c				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	d conv of this form is to be sent)	
	Hobil (il Corpo	A	Address (Give address to which approve BOX 725 11000	S, MM	
	Name of Authorized Transporter of Cas	singhead Gas 🗍 or Dry Gas 📑	Address (Give address to which approve	d copy of this form is to be sent)	
	Cities Jervice		vities servic slant		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected? When		
			· · · · · · · · · · · · · · · · · · ·	pprox. Nay 1969	
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
	Designate Type of Completion - (X)				
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
			-	471.6 1	
	Elevations (DF, RKB, RT, GR, etc.,	2-20-69 Name of Producing Formation	L7: 0: 15 Top Oil/Gas Pay	Tubing Depth	
	3,975.3 Gr.	ban andres (12 one	4.562 1.2	Li18 Jr Depth Casing Shoe	
		4670,72,77,83,85,92,94,98 8Holes HB			
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		8 5/8	<u>303 Gr.</u> 4 7 67	<u> </u>	
		2 3/8	4618	<u>~</u>	
		1	J		
V.	TEST 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- DIL WELL 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 lift,	etc.)	
	Length of Test	2-26-69	~ 10w		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 Hours Actual Prod. During Test	Oil-Bbls.	D-Packer in well Water-Bbls.	32/64 Gas-MCF	
	225	225	ú	158	
	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.	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.				
			APPROVED		
			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		
	fli (B. 1				
	Eddie Belwich (Signature)		well, this form must be accompany	led by a tabulation of the deviation	
	Production Supetintendent		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
	(Īi	tle)	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		
	2-27-6	9			
			; completed wells.		