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LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRORATION OFFICE
Operator

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	DISTRIBUTION	i e	CONSERVATION COMMISS ON	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
	FILE		AND	Fileculae (-1-02
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL C	GAS
	LAND OFFICE			
	TRANSPORTER OIL			
	GAS			
	OPERATOR			
I.	PRORATION OFFICE			
1.	Operator	·		
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	Address	Un company		
	i ~	m -16 1 Tax		
	Ear 1031 Reason(s) for filing (Check proper box	18110/max 1-040		
	5.77		Other (Please explain)	
	New Wel.	Change in Transporter of:		
	Recompletion	Oil Dry Go	ıs 🔛	
	Change in Ownership	Conde	nsate	
	If change of ownership give name and address of previous owner			
	and address of previous owner			
11	DESCRIPTION OF WELL AND	TEACE		
	Lease Name	Lease No. Well No. Pool No.	tme, Including Formation	Kind of Lease
	Firsken Federal	2 R1	itt San Andres Assoc.	State, Federal or Fee Frdera
	Location Feature	Dlu	111 -an Itnares fissoc.	reasta!
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	Unit Letter D; 6	60 Feet From The North Lis	ne and 660 Feet From	The
		6.6		0
	Line of Section 20 To	ewnship & S Range	RE, NMPM,	Roose Volt County
u.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transporter of Ci	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
	Tormin (Crou	va troi	Box 3/19 paidla	and Texas
	Name of Authorized Transporter of Ca		Address (Give address to which appro	ved copy of this form is to be sent;
	7 ()	0, C Co.	·/	OKlahama
	Cities Service	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	
	If well produces oil or liquids, give location of tanks.	\bigcirc		
	give isection of tanks.	1 C 20 85 38E	1/es	
	TOUR STATE OF THE			
		ith that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA			D. D. 10. D. 10. D. 10. D. 10.
	COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Resty. Diff. Sesty.
	Designate Type of Completi	on $-(X)$ Oil Well Gas Well X	New Weil Workover Deepen	
	Designate Type of Completi	on - (X)	New Weil Workover Deepen	P.B.T.D.
	Designate Type of Completi	on - (X)	New Weil Workover Deepen	P.B.T.D.
	Date Spudded Date Spudded Spudded Date Spudd	on - (X) Date Compl. Ready to Prod. 9370 Name of Producing Formation	New Well Workover Deepen	P.B.T.D. LAST-9' Tubing Depth
	Date Spudded Date Spudded Spudded Date Spudd	on - (X) Date Compl. Ready to Prod. 9370 Name of Producing Formation	New Well Workover Deepen	P.B.T.D. LAST-9' Tubing Depth
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	Designate Type of Completi Date Spudded 120/20 Elevations (DF, RKB, RT, GR, etc., 3977/2k Perforations 4731-35-33-41-43-43	Date Compl. Ready to Prod. 9370 Name of Producing Formation 520 Andres TUBING, CASING, AN	New Well Workover Deepen X Total Depth 4900' K DB Top Cil/Gas Pay 473/ 473/ 59-51-63-65-4767' D CEMENTING RECORD	P.B.T.D. LAST 9' Tubing Depth LAST 9' Depth Casing Shoe 4900'
	Designate Type of Completi Date Spudded Strain Office Elevations (DF, RKB, RT, GR, etc., 3977 GR Perforations 4731-35-39-41-43-43 HOLE SIZE	Date Compl. Ready to Prod. 9370 Name of Producing Formation 530 Andres TUBING, CASING, AN CASING & TUBING SIZE	New Well Workover Deepen X Total Depth 4900' K DB Top Cil/Gas Pay 473/ 473/ CS9-51-63-65-4767' D CEMENTING RECORD DEPTH SET	P.B.T.D. LAST 9' Tubing Depth LAST 9' Depth Casing Shoe LOOO' SACKS CEMENT
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v .	Designate Type of Completi Date Spudded	Date Compl. Ready to Prod. 9/3/70 Name of Producing Formation San Andres TUBING, CASING, AN CASING & TUBING SIZE 9/3/4 4/5/9 FOR ALLOWABLE (Test must be a able for this december)	New Well Workover Deepen X Total Depth 4900' KDB Top Cil/Gas Pay 473/ 59-51-63-65-4767' D CEMENTING RECORD DEPTH SET 325' 4900' after recovery of total volume of load oil epth or be for full 24 hours)	P.B.T.D. LAST Tubing Depth LAST Depth Casing Shoe 4000' SACKS CEMENT 2005//S 1425 SKs and must be equal to or exceed top allow
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v .	Designate Type of Completi Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations 4731-35-39-41-43-43 HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Cil Rin To Tanks Length of Test Length of Test	Date Compl. Ready to Prod. 9/3/70 Name of Producing Formation San Andres TUBING, CASING, AN CASING & TUBING SIZE 9/3/4 4/5/2 TOR ALLOWABLE (Test must be a able for this d Date of Test 9-3-70	New Well Workover Deepen X Total Depth 4900' KISB Top Cil/Gas Pay 4731' S9'-61'-63'-65'-4767' D CEMENTING RECORD DEPTH SET 325' 4900' after recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas in Flow)	P.B.T.D. LAST Tubing Depth LAST Depth Casing Shoe LOCO SACKS CEMENT 2005//S 1475 SKC and must be equal to or exceed top allow ift, etc.)
v .	Designate Type of Completi Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations 4731-35-39-41-43-43 HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Cil Rin To Tanks Length of Test Actual Prod. During Test	Date Compl. Ready to Prod. Date Compl. Ready to Prod. San Andres Tubing, Casing, and Casing & Tubing Size San Andres Casing & Tubing Size San Andres Casing & Tubing Size San Andres Date of Test Date of Test	New Well Workover Deepen X Total Depth 4900' KDB Top Cil/Gas Pay 473/ 59-51-63-65-4767' D CEMENTING RECORD DEPTH SET 325 4900' after recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas in Flow Casing Pressure 400 &	P.B.T.D. LAST Tubing Depth LATER LATER Depth Casing Shoe 4900' SACKS CEMENT 2005//S 1425 SKg and must be equal to or exceed top allow lift, etc.) Choke Size 36/64* Gas-MOF
v .	Designate Type of Completi Date Spudded	Date Compl. Ready to Prod. 9/3/70 Name of Producing Formation San Andres TUBING, CASING, AN CASING & TUBING SIZE 9/4/5/ 4/5/ FOR ALLOWABLE (Test must be able for this decomple) Date of Test 9-3-70 Tubing Pressure	New Well Workover Deepen X Total Depth 4900' KIDB Top Cil/Gas Pay 4731' CEMENTING RECORD DEPTH SET 325' 4900' Differ recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas in Flow) Casing Pressure 400 &	P.B.T.D. LASS-9' Tubing Depth LATAI' Depth Casing Shoe 4900' SACKS CEMENT 2005//S 1475-5Kc and must be equal to or exceed top allow ift, etc.) Choke Size 36/64'
v .	Designate Type of Completi Date Spudded Selevations (DF, RKB, RT, GR, etc., 3977 222 Perforations 4731-35-39-41-43-43 HOLE SIZE 123/41 73/8" TEST DATA AND REQUEST FOIL WELL Date First New Oil Ran To Tanks 9-3-70 Length of Test 24 16 16 Actual Fred. During Test 180	Date Compl. Ready to Prod. Date Compl. Ready to Prod. San Andres Tubing, Casing, and Casing & Tubing Size San Andres Casing & Tubing Size San Andres Casing & Tubing Size San Andres Date of Test Date of Test	New Well Workover Deepen X Total Depth 4900' KDB Top Cil/Gas Pay 473/ 59-51-63-65-4767' D CEMENTING RECORD DEPTH SET 325 4900' after recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas in Flow Casing Pressure 400 &	P.B.T.D. LAST Tubing Depth LATER LATER Depth Casing Shoe 4900' SACKS CEMENT 2005//S 1425 SKg and must be equal to or exceed top allow lift, etc.) Choke Size 36/64* Gas-MOF
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v.	Designate Type of Completi Date Spudded	Date Compl. Ready to Prod. 9/3/70 Name of Producing Formation San Andres TUBING, CASING, AN CASING & TUBING SIZE 9/4/2/2 FOR ALLOWABLE (Test must be able for this d Date of Test 9-3-70 Tubing Pressure 100 Length of Test Tubing Pressure	New Well Workover Deepen X Total Depth 4900' KIDB Top Cil/Gas Pay 473/ S9'-51'-63'-65'-4767' D CEMENTING RECORD DEPTH SET 325' 4900' Differ recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas in Flow) Casing Pressure 400 E Water-Bbls. OIL CONSERVA	P.B.T.D. LAST Tubing Depth LAST Depth Casing Shoe LOCO' SACKS CEMENT 2005//S 1475 SKC and must be equal to or exceed top allow ift, etc.) Choke Size SG/6.4* Gas-MCF 9 Gravity of Condensate Choke Size
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/ /	
Chilly Matterns	
(Signature)	
Sr. Trod. Clerk	_
Title)	
9/4/70	
(Date)	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended 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-IC4 must be filed for each pool in multiply completed wells.

The above is true & correct to the best of ΓÆ 006/ _529x 081/ スケイを . 497 8 14 448 ,7061 1816 0 t/1 5 22/020 y day Devistin Sundey

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