of or comes necessary						
DISTRIBUTION						
SANTA FE						
FILE						
U.S.G.S.						
LAND OFFICE						
TRANSPORTER	OIL					
	GAS					
OPERATOR						
PROBATION OF						

J. W. C. P. S. RECCI	Elves	 -					•		
SANTA FE		+	EW MEXICO OIL CO				Form C-104		
FILE				LOWABLE		Supersedes Old C-104 and C-1 Effective 1-1-65			
U.S.G.S. AUTHORIZATION TO			TION TO TO	AND	OIL AND	MATUDAL CA			
LAND OFFICE		 	AUTHURILE	CHON TO TRA	andr'uk i	UIL AND	NATUKAL GA	10	
TRANSPORTER	OIL GAS								
OPERATOR	1000								
PRORATION OF	FICE		·						
Operator			Penn	zoil Compan	ıy				
Address			P. 0	. Drawer 18	328 - M)1	
Reason(s) for filing	(Check prope	r box)	Character Trans			Other (Pleas	e explain)		
New Well Recompletion	H		Change in Trans	Dry Go	ens [
Change in Ownership	p.		Casinghead Gas	<u> </u>	===	Change	of operat	ing name	
						ondrige	or operac	Trig name	
If change of owners and address of prev			ennzoil Un	ited, Inc.	- P. O	. Drawer	1828 - Mid	lland, Texas 79701	
DESCRIPTION O	F WELL A	ND LEA		Name, Including F	ormation		Kind of Lease	Laga No.	
Superior	State Co	ım		orthwest To		A Gac	State, Federal of	or Fee State L-1107	
Location	Jeace CO	/()] •	1110	DI CHWEST 10	,uu 3. /	ı. uas		30000 J_L-1107	
Unit Letter	<u>L;_</u>	1980	Feet From The	South Lir	ne and	660	Feet From Th	. West	
Line of Section	. 8	Townsh	7-S	Range	35-E	, NMPM	, Roos	sevelt County	
DESIGNATION O									
Name of Authorized		of Oil [or Condens	ate X	Address	(Give address	to which approved	d copy of this form is to be sent)	
None Name of Authorized		of Casinah	ead Gas or	Dry Gas X	Address	Give address	to which approve	d copy of this form is to be sent)	
	•		Company	LAI	!			Oklahoma 74102	
If well produces oil or liquids, Unit Sec. Twp. Rge. give location of tanks.					Is gas actually connected? When Yes 7-10-72				
If this production is	-	ed with th	at from any othe	r lease or pool,	give comm		r number:		
Designate Typ		lation	(Y) Oil Well	•	New Well	Workover	Deepen	Plug Back Same Res'v. Diff. Res'v	
	pe of Comp			; X	X			X	
Date Spudded		Da	Date Compl. Ready to Prod.		Total De	Total Depth P.B		P.B.T.D. 4350 '	
	12-11-70 Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation					Tubing Depth	
	1252' GL	,	San Andres			4231'		4285 '	
Perforations							1	Depth Casing Shoe	
pf. 1 hole e	ea. 0 42	231, 3						4472'	
				G, CASING, AND	CEMENT			SACKS CEMENT	
HOLE 15"			11 3/4		 	350'	= !	275	
11"			8 5/8"		4,472'			550	
	5/8"			" tbg.		4,285'			
					<u> </u>				
TEST DATA ANI	D REQUES	T FOR	ALLOWABLE					d must be equal to or exceed top allow	
OIL WELL Date First New Oil	Run To Tank	s Do	te of Test	able for this de			v, pump, gas lift,	etc.)	
Pare L Her Hew Off	10 1 unk:					(*******************************		•	
Length of Test		Tu	bing Pressure		Casing Pressure Cho		Choke Size		
Actual Prod. During Test Oil-		Oil-Bbla.		Water - Bh	Water - Bbls.		Gas - MCF		
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	······································			
GAS WELL Actual Prod. Test-1	MCF/D	Lei	ngth of Test		Bbls. Co	ndensate/MMC	F	Gravity of Condensate	
1,856	, -		3.5 hr	'S.		0			
Testing Method (pite	ot, back pr.)	Tui	oing Pressure (Eh				Choke Size		
Back pre	essure		1117		Pkr	- 0		Various	
CERTIFICATE C		IANCE				OIL		TION COMMISSION	
					APPR	(VED)	AUG 3	3-1 972	
hereby certify the Commission have	at the rules	and regul	ations of the Oi	1 Conservation formation given	AFPR	0	A In	7. 1.	
bove is true and	complete to	o the bei	at of my knowle	dge and belief.	BY	The	-074	mey	
					11 4	// s	UPEŔVIS	OR 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.

(Date)

(Title)

Office Manager

7-20-72

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