NO. OF COPIES REC	EIVED	į	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		i	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

II.

III.

IV.

BIST DIRECTOR					
DISTRIBUTION SANTA FE	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMIS N Form C-104			
FILE '	REQUES	REQUEST FOR ALLOWABLE - C. C. Supersedes Old C-104 and C-110			
U.S.G.S.	ALITHOPIZATION TO TO	AND			
LAND OFFICE	AUTHORIZATION TO TH	RANSPORTINH AND NATUE	φη ·GAS		
TRANSPORTER OIL			00		
GAS					
OPERATOR					
PRORATION OFFICE					
Operator	0.4:				
Address	- Kefining Company				
D / A / a 0 11	11 4 1.				
13 of 2100, H	obby New Mexico 800	8a <i>40</i>			
Reason(s) for filing (Check proper)	•	Other (Please explain	1)		
New Well	Change in Transporter of:	- 0 +			
Recompletion Change in Ownership	Oil Dry C	Gas 🔲 Ke-entu	^		
Change in Ownership	Casinghead Gas Cond	ensate	d		
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AN	D I DAGO	<i>(</i> ************************************			
DESCRIPTION OF WELL AN Lease Name		averace San Andres	R-3080		
New Mexico BX Sto	- 1000	Meroo San andres	Kind of Lease		
Location DA 312	a jund	lesignated), San and	State, Federal or Fee State		
V	997 . 4	(25-			
Unit Letteri	Feet From The West L	ine and 1837 Feet	From The South		
Line of Section	Township 8-5	22 5			
Sine of Section 10	Township 6-5 Range	33-E , NMPM,	County County		
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	4.0			
Name of Authorized Transporter of	Oil or Condensate				
Magnalia Pin	Mile Comment	1	approved copy of this form is to be sent)		
Name of Authorized Transporter by	Casinghead Gas Tr Dry Gr	Box 900, Dallas	approved copy of this form is to be sent)		
Floridation	4	Address (Othe dudress to which	approved copy of this form is to be sent)		
Transact ax pre	Unit Sec. Twp. Rge.	Is any actually assessed	l un		
If well produces oil or liquids, give location of tanks.	G 16 8-5 33-E	Is gas actually connected?	When		
f this production is commingled. COMPLETION DATA	with that from any other lease or pool,	, give commingling order number	r:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep			
Designate Type of Comple	tion – (X)	New Well Workover Deep	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth			
Remonths atomics 4-71, -1		9064	P.B.T.D.		
Re-entry startes 4-26-6		Ton Oil (Gas Day	4426		
Champan Sambulan (um	de) San Auber 145, 4247, 4249, 4251, 42	H 3 // 1	Tubing Depth		
Perforations 4241, 4243, 4;	45. 4247 4249 4251 45	TA4	4130 Depth Casing Shoe		
4261.4263 421.5 4267	41/9 4271 4272 427	723) 7233) 7237, 723	7 Depth Costing Shoe		
4287.4289 4291 4293	tal9 4271,4273, 4275,427 4295, TUBING, CASING, AN	D CEMENTING BECORD 1/4 4	85, 4426		
HOLE SIZE	CASING & TUBING SIZE	DEBTU SET	7, 42 99, 4301		
15"	10 3/4"	DEPTH SET	SACKS CEMENT		
9 %"	75/2*	395	375		
6 3/4"	41/2"	3606	500		
(4)/4"	772	4426	300		
· · · · · · · · · · · · · · · · · · ·	EOD AVI OWA	4130			
TEST DATA AND REQUEST DIL WELL		after recovery of total volume of loa epth or be for full 24 hours)	d oil and must be equal to or exceed top allow-		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	ras lift ato 1		
5-2-66	5-2-66	Swal-	gus tiji, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Chaha Si-		
12		-	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Can MCD		
64	53	11	Gas-MCF TSTM		
		11	7 37 79		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF			
	_	BBIS. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure			
-	_	Cusing Pressure	Choke Size		
PERTIFICATE OF COMPLIAN	Nar.	 			
CERTIFICATE OF COMPLIA	NCE .	OIL CONSEI	RVATION COMMISSION		
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given		APPROVED	, 19		
DOVE IS INIE and complete to the back of more law and it is a like		BK	BX .		
-					
		TITLE			
7	2	This form is a second	Linganotica		
WHO Slith	This form is to be filed in compliance with RULE 1104.				
	nature)	well, this form must be according	allowable for a newly drilled or deepened ompanied by a tabulation of the deviation		
agnit		tests taken on the well in a	accordance with RULE 111.		
(7	itle)	All sections of this form	m must be filled out completely for allow-		
Agent 5-4-66		able on new and recomplete	d wells.		
	Date)	Fill out Sections I, II,	III, and VI only for changes of owner, sporter, or other such change of condition.		
(*	•	werr name or number, or trans	sporter or other such change of condition.		

Separate Forms C-104 must be filed for each pool in multiply