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U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
WIND OFFICE C.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
APR 15 11 35 AM '66

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>The Atlantic Refining Company</b>	
Address <b>P. O. Box 1978, Roswell, New Mexico</b>	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in ownership <input type="checkbox"/>	Natural Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State B</b>	Well No./Pool Name, including Formation <b>1 Undesignated San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location <b>Chaveroo San Andres R-3080</b>		
Unit Letter <b>A</b>	<b>660</b>	North <b>660</b> Feet From The <b>East</b>
Section <b>3</b>	Range <b>8S</b>	Block <b>33E</b> <b>Chaves</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>The Permian Corporation</b>	<b>Box 3119, Midland, Texas</b>
Name of Authorized Transporter of Gas (Liquid or Dry Gas) <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Is well producing oil or liquid gas, give location of tanks.	Is gas naturally compressed? When.
	<b>No, vented temporarily</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen.	Flow Back	Same Res'ty.	Diff. Res'ty.
<b>X</b>								
Date Spudded <b>3-25-66</b>	Date Drilled Ready to Prod. <b>4-11-66</b>	Total Depth <b>4480</b>	Perforations <b>1-3/8" Jet shot @ 4187, 4297, 4314, 28, 30, 37, 41 &amp; 44</b>					
Pool <b>Chaveroo ext.</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4179</b>	Taking Depth <b>4157.48</b>					
						Depth Casing Shoe <b>4479.99</b>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4"</b>	<b>3-5/8"</b>	<b>368.15</b>	<b>225</b>					
<b>7-7/8"</b>	<b>4 1/2"</b>	<b>4479.99</b>	<b>250</b>					
	<b>2"</b>	<b>4157.48</b>						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First Flow (oil flow, no tanks)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>4-3-66</b>	<b>4-12-66</b>	<b>Flow</b>	
Length of Test <b>24 hrs.</b>	Testing Pressure <b>240#</b>	Casing Pressure <b>375#</b>	Choke Size <b>21/64</b>
Actual Prod. during Test <b>393 bbls.</b>	Oil - Bbls. <b>381</b>	Water - Bbls. <b>12</b>	Gas - MCF <b>313</b>

GAS WELL

Actual Prod. Test - MCF	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

**O. D. Bretches**  
(Signature)  
**Dist. Drilling Supervisor**  
(Title)

April 14, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_

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 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 Sections I, II, III, and VI only 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.