## NO. OF COPIES RECEIVED DISTRIBUTION

VI.

Well Test Supervisor

August 18, 1966

(Title)

(Date)

## NEW MEXICO DIL CONSERVATION COMMISSION

110

	SANTA FE	REQUES	T FOR ALLOWABLE 6	Supersedes Old C-104 and C-
	U.S.G.S.		4) N# 1	miles 1-1-03
	LAND OFFICE	AUTHORIZATION TO TE	RANSPORTIGILIAND NATUR	n-reas
			THE PART OF THE PA	ri 00
	TRANSPORTER GAS	-		
	OPERATOR	<del>-</del>		
1	PRORATION OFFICE			
	Operator			
		Petroleum Corporation		
	Address			
	Page /2 / (a) (ii) / (ii)	Building, Midland, Texas		
	Reason(s) for filing (Check proper bo		Other (Please explain)	
	Recompletion	Change in Transporter of:		
	Change in Ownership	Oil Dry C	=	
	,	Cond	lensate	
	If change of ownership give name			
	and address of previous owner			
11	. DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No.   Pool Name including	Formation Kind of L	ease Lease No.
	J. E. Cato	1 -Undesignated	d_ Cato-San Andrestate, Fe	deral or Fee Fee
	Location			
	Unit Letter I; 1	980 Feet From The South L	ine and 660 Feet Fi	om The <u>East</u>
	10	0.0		
	Line of Section 10 To	wnship 8-S Range	30-E , NMPM,	Chaves County
ITT	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
111	Name of Authorized Transporter of Oi	or Condensate	AS	oproved copy of this form is to be sent)
	The Permian Corpo		•	•
	Name of Authorized Transporter of Ca	or Dry Gas	Box 3119, Midland,	proved copy of this form is to be sent)
	Not connect		and the second s	oproved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	give location of tanks.	I 10 8-S 30-E	No	
	If this production is commingled wi	th that from any other lease or pool	give commingting and a number	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA			
	Designate Type of Completic	On - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
			X	
	Date Spudded 7-25-66	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	8-14-66 Name of Producing Formation	3620	3575'
	4130 G.L.	San Andres	Top Oil/Gas Pay	Tubing Depth
	Perforations	Jan Andres	33861	3356'
	3386'- 3470'	•		Depth Casing Shoe  3620
	TUBING, CASING, AND CEMENTING RECORD			3020
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 1/4"	8 5/8"	512'	300 sacks - cmt. circ.
	7 7/8"	4 1/2"	3614	650 sacks - T.C. @ 2010
		2 3/8"	3356'	Pkr. @ 3356'
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			
	OII. WELL. able for this depth or be for full 24 hours)			
			Producing Method (Flow, pump, gas	lift, etc.)
	8-15-66 Length of Test	8-15-66 Tubing Pressure	Flow	
	24 hrs.		Casing Pressure	Choke Size
	Actual Prod. During Test	70/60	Pkr.	22/64 Gas-MCF
	129 bbls.	125		
		123	4	62.9
	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.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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	<del>()</del> , 19
			BY MICH	Il Thing of
		and better		, was
			TITLE	<u> </u>
	2		This form is to be filed to	compliance with RULE 1104.
	3. m. al	and		owable for a newly drilled or deepened
(Signature)				canied by a tabulation of the deviation

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 tools taken on the well in accordance with RULE 111.

And dections 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.