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SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			<u></u>
TRANSPORTER	OIL		
	GAS		
OPERATOR			

September 27, 1966 (Date)

}	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110 Extensive 1-1-65		
Ţ	FILE		AND	·		
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	\S _{τ. 191} 1 γρε		
Ī	LAND OFFICE		MU(1 :11 00		
	TRANSPORTER OIL					
	GAS	`				
	OPERATOR					
1.	Operator					
	Kerr-McGee Corporation					
	Address					
	P. O. Box K, Sunray, Te	xas	Other (Please explain)			
	Reason(s) for filing (Check proper box)	Change in Transporter of:				
	New Well Recompletion	Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condens	sate 🗌			
l						
	If change of ownership give name and address of previous owner					
	•	الممر	averoo-San Andres			
II.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	imation Kind of Lease	Lease No.		
	Lease Name	8 Undesignated	San Andres State, Federal	or Fee State OG 1062		
	State F					
	7 3 08/	Feet From TheLine	e and Feet From T	he East		
	Unit Letter 1 ; 1990	_	0.			
	Line of Section 2 Town	nship 85 Range	33E , NMPM, Chav	65 County		
		TO OF OUR AND NATURAL CA	e			
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Otte date ess to mitter of	ed copy of this form is to be sent)		
	The Permian Corporation		1509 W. Wall, "idland,	Texas		
	'Name of Authorized Transporter of Cast	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)		
	None		100			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n		
	give location of tanks.	E 2 8S 33E	No			
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	n - (X) X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 4,331		
	9-6-66	9-25-66	L, 334* Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	h. 210	4,178		
	4,346 GR	San Andres t per foot at 4,210, 4, 1,259, 4,261, 4,263	226 4.233 4.237	Depth Casing Shoe		
	1. 21.21 1. 21.81 1. 2571	h. 259 h. 261 h. 263	, 4,266 , 4,308 , 4,314	4,334		
	1, 320 4, 323 4, 325	4.32" TUBING, CASING, AN	D CEMENTING RECORD			
	4,328 HOLE SIZE 4,329	 CASING & TUBING SIZE 	DEPTH SET	SACKS CEMENT		
	12½n	0-5/0"	405	275 350		
	7-7/8m	52n 2=3/8n	4,334	350		
	•	2 - 3/8 ⁿ	4,178	-		
			A	and must be equal to or exceed top allow-		
V	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this d	epth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
	9-19-66	9 -26-66	Flow	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	18/6hn		
	8 hours	150	625 Water - Bbls.	Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	0	234 Est.		
	130	1 390				
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sude-122)	0.020		
			OU CONSERVA	ATION COMMISSION		
V	I. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	OIL CONSERVATION COMMISSION		
· · · · · · · · · · · · · · · · · · ·			APPROVED	APPROVED, 19		
			`	`		
			↑ BY	BY		
			TITLE	<u> </u>		
	C. J. Breiden (Signature)		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 accomp	well, this form must be accompanied by a tabulation of the well in accordance with RULE 111.		
	Engineer		Att sections of this form m	ust be filled out completely for allow		
		itle)	able on new and recompleted w	relis.		

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.