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DISTRIBUTION SANTA FE	HUBBS OFFICE C	
FILE U.S.G.S.	Jan 30 7 56 A	Sa. Indicate Type of Lease State <b>X</b> Fee
OPERATOR		5. State Oil & Gas Lease No. OG 1062
DO NOT USE THIS FOR PAUSE " APPLICA	RY NOTICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOI TION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
3. Address of Operator		9. Well No.
P.O. Bex K. Sunray,	Tetas	1 18
4. Location of Well		10. Field and Pool, or Wildcat
	999 FEET FROM THE LINE AND 1980	IO. Field and Pool, or Wildcat
4. Location of Well UNIT LETTER	999 FEET FROM THE LINE AND 1980	FEET FROM
4. Location of Well UNIT LETTER THELINE, SECT	990       FEET FROM THE       Seatth       LINE AND       1,980         TION       2       TOWNSHIP       88       RANGE       335         15. Elevation (Show whether DF, RT, GR, etc.)       4,365.4°       68         Appropriate Box To Indicate Nature of Notice, Report	FEET FROM NMPM. 12. County Cherros
4. Location of Well UNIT LETTER THELINE, SECT	990       FEET FROM THE       Seatth       LINE AND       1,980         rion       2       TOWNSHIP       88       RANGE       335         15. Elevation (Show whether DF, RT, GR, etc.)       4,365.4°       68         Appropriate Box To Indicate Nature of Notice, Report	FEET FROM NMPM. 12, County Dort or Other Data

## Bue to decrease in production, pumping equipment was installed on 1-10-67. Bottom hale pump is 1 $1/2^{\circ}$ . Bottom of tubing is at 4,207'.

18. I hereby certify that the in ormation above is true and complete to the best of my knowledge and belief.

SIGNED 6. J. Breeden	TITLE BAGINGER	DATE 1-25-67
		÷
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL IF ANY:		

## 



## Job separation sheet

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	FILE REQUEST					IIII J 5 STONCE D. C. C. Form C-104 Supersedes Old C-104 and C-11 AND AND S5 AM 357 ANSPORT OIL AND NATURAL GAST				
1.	OPERATOR PRORATION OFFICE Operator									
	Kerr-McGet Co	orporat	lon							
	P.O. Box I.		Texas				(0)			
	Reason(s) for filing (Check proposed)         New We!!         Recompletion         Change in Ownership	er box)	Change in Oil Casinghea	Transporter a	of: Dry Gas Conden	₅ _	Please expla			
	If change of ownership give na and address of previous overer		<del></del>							
П.	DESCRIPTION OF WELL A	AND LEA	Well No.	Pool Name, I				of Lease Federal or Fee	State	Lease No. OG 1062
	State F		10	Chaver		San Andres	I			00 1002
	Unit Letter ;	990 Township	85	n The Sou	th Line	e and <u>1980</u> 33E ,	NMPM,	t From The Chaves	West	County
111.	DESIGNATION OF TRANS Name of Authorized Transporter Mobil Pipe Lin# C	of Oil [ 🔭	OF OIL or Co	AND NATU	J <b>RAL GA</b> ]	S Address (Give ad Box 900,			of this form is 1 <b>75221</b>	to be sent)
	Name of Authorized Transpecter	of Casinghe		or Dry Go	as	Address (Give ad	ldress to whic	h approved copy	of this form is a	to be sent)
	Cities Service Of If well produces oil or liquits,	1 Compa Uni		Twp.	Rge.	Box 300, Is gas actually c		When	74102	
	give location of tanks.	E	·····	2 8S	33E	Yes			ry 11, 19	<del>%</del> 7
	If this production is comm.ngl COMPLETION DATA	ed with the							ark Same Pa	
	Designate Type of Com	pletion –		il Well	Gas Well	New Well Worl	kover Dee	pen Plug B	ack Same Hes	s'v. <sup>1</sup> Diff. Res'v.
	Date Spudded	Dat	e Compl. R	eady to Prod.		Total Depth		P.B.T.	D,	··
	Elevations (DF, RKB, RT, R, e	etc.j Nan	ne of Produ	cing Formatic	n	Top Oil/Gas Pay	,	Tubing	Depth	· · · · ·
	Perforations							Depth	Casing Shoe	
		·····				CEMENTING R	ECORD			
	HOLE SIZE			& TUBING			THSET		SACKS CE	MENT
								·		
<b>v</b> .	TEST DATA AND REGUE	ST FOR A	LLOWA	BLE (Tesi	t must be a	ter recovery of tot	al volume of	load oil and must	be equal to or	exceed top allow-
	OIL WELL Date First New Oil Run To Tani	ks Dat	e of Test	able	for this de	pth or be for full 2 Producing Method		o, gas lift, etc.)		<u>-</u>
			ing Pressu			Casing Pressure		Choke	Size	
	Length of Test									
	Actual Prod. During Test	011	-Bbls.			Water - Bbls.		Gas - N		
	GAS WELL	<u> </u>								
	Actual Prod. Test-MCF/D	Ler	igth of Tes	t		Bbls. Condensat	•/MMCF	Gravit	y of Condensate	>
	Testing Method (pitot, baci pr.)	) Tub	oing Pressu	re(Shut-in	)	Casing Pressure	(Shut-in)	Choke	Size	
VI.	CERTIFICATE OF COMPI	CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION				
	I hereby certify that the sules and regulations of the Oil Conservation									
	I hereby certify that the sules and regulations of the On Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									
						TITLE				
	0 Brandon				This form is to be filed in compliance with RULE 1104.					
	-6-4. h	(Signature)			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.					
	<i>U</i>	(Title)	Eng	ineer		All secti	ions of this	form must be fi	lied out comp	letely for allow-
	Jac		ry 17, 1967			able 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				
		/				Separate	Forms C-1	04 must be fil	ed for each i	ool in multiply