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

November 28, 1966

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II.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL CO	AS	
TRANSPORTER GAS OPERATOR		·· 44 MA 1	i 6	
PRORATION OFFICE				
Nerr-McGee Corpo	oration			
Address				
P. O. Box K. Sur Reason(s) for filing (Check proper bo		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	=		
Change in Ownership	Casinghead Gas Conden	sate		
f change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	e Lease No.	
Lease Name State F		San Andres State, Federa		
Location	2, 0110002			
Unit Letter P; 9	90 Feet From The South Line	e and 990 Feet From	The Fast	
Line of Section T	ownship 8S Range	33E. , NMPM, Cha	Yes County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S Address (Give address to which appro	ved copy of this form is to be sent)	
Name of Authorized Transporter of O		Boy Off Dalles Terms		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)	
None		Is aga actually connected? Wh	en	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 2 8S 33E	No		
f this production is commingled w	with that from any other lease or pool,	, <u> </u>	Plug Back Same Resty, Diff. Resty.	
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Pring Back Same Hes V. Ditt. 1135 VI	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
10-27-66	11-27-66	1,3401	1,338	
levations (DF, RKB, RT, GR, etc.)	•	Top Oil/Gas Pay	Tubing Depth	
4,347.0° GR	San Andres let per foot at 4,241, 4	21.31 1, 21.1.1 1, 21.61	L.2651 Depth Casing Shoe	
4.247 4.256 4.26	6'. 4.2 <u>68'. 4.271'. 4.273</u>	1, 4,2751.	4,340	
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	275	
12½** 7-7/8**	5 1 6:	h. 3h01	350.	
<u> </u>	2-3/8m), 2651		
			<u> </u>	
ST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-	
• First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
11-9-66	11-27-66	Pump		
gth of Test	Tubing Pressure	Casing Pressure	Choke Size	
8 hours	Oil - Bbis.	Water-Bbls.	Gas - MCF	
al Prod. During Test	216.54	0	76 Fat.	
72.18	210194			
WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
ig Method (pitot, back pr.)	Tubing Pressure (Sinte-12)			
IFICATE OF COMPLIA	NCE		ATION COMMISSION	
a conting that the rules and regulations of the Oil Conservation		, 19		
atan bawa been complied	i with and that the information given the best of my knowledge and belief.	d that the information given		
•				
	0		compliance with RULE 1104.	
10B	reeder	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.		
(Si	gnature)			
Enginee		All sections of this form m	ust be filled out completely for allow-	
((Title)	able on new and recompleted w	A 1	

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.

38. MA 6 11 62 MA. 22. 62.

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