DISTRIBUTION		CONSERVATION COMMISSIL N	Form C-104	
SANTA FE	REQUEST	EOR ALLOWARLE	Supersedes Old C-104 and C-11	
FILE		HUNNER GEFICE C.C.C.	Effective 1-1-65	
U.S. G.S.	· · ·	ANSPORT OIL AND NATURAL	A3	
LAND OFFICE		JAN 24 11 54 AH '67		
TRANSPORTER OIL		JAN La VI Sa VIII a		
GAS		and general		
OPERATOR				
I. PRORATION OFFICE	and the second sec	· · · · · · · · · · · · · · · · · · ·	·	
Operator		x		
	troleum Corporatión	₩A ->		
Address				
	g., Midland, Texas			
Reason(s) for filing (Check prop		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion				
Change in Ownership	Casinghead Gas Conde			
If change of ownership give n	ame			
and address of previous owne				
	UNDESIGI	NATED		
II. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Including F	Formation 2-2195 Kind of Leas		
Lease Name Crosby "17"	3 Cato (San	\mathbf{R} JJI –		
	J Caro (San	Andres	ree	
Location		660	Feet	
Unit Letter A ;_	660 Feet From The North Lin	ine and <u>660</u> Feet From 7	The East	
	9 c -	20 E	c County	
Line of Section 17	Township 8-S Range	<u>30-Е , NMPM, Chave</u>	S County	
	PORTON OF OUT AND MARINAL C	45		
III. DESIGNATION OF TRANS	OF OIL AND NATURAL GA	AS Address (Give address to which appro	ved copy of this form is to be sent)	
		Box 3119, Midland,		
The Permian Cor	of Casinghead Gas or Dry Gas	Address (Give address to which appro		
Name of Authorized Hunsporter				
•	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	en	
If well produces oil or liquids, give location of tanks.	Н 17 8 30			
give iscalion of talks.				
	led with 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 Resty, Diff. Resty	
Designate Type of Com		X		
		. I a financia de la companya	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
12-28-66	1-18-67	3605	3575	
Elevations (DF, RKB, RT, GR,	etc.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
4129 est. GL	San Andres	3371	3381 Depth Casing Shoe	
Perforations			3599' -	
3371-3383 1 hol	e per ft. (12) 3/8" hol	<u>es</u>	5599	
		ID CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE			
122"	8-5/8"	517	<u>300 sx circulated</u>	
7-7/8"	4-1/2"		<u>300 sx. TC at 2230'</u>	
	2-3/8"	3381'	<u>Pkr. at 3350</u>	
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow	
OIL WELL	able for this a	lepth or be for full 24 hours)	(fr. etc.)	
Date First New Oil Run To Tar		Producing Method (Flow, pump, gas li	ijt, etc.)	
1-18-67	1-18-67	Flow		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
12 - 3/4 hrs.	20#	Pkr.	20/64''	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
76 bbls.	70	6	TSTM	
l				
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	
		OIL CONSERV	ATION COMMISSION	
VI. CERTIFICATE OF COMP	LIANCE		· · · · · · · · · · · · · · · · · · ·	
	and an interior of the Oil Operation	APPROVED	, 19	
	s and regulations of the Oil Conservation plied with and that the information given			
above is true and complete	to the best of my knowledge and belief.	BY		
-	•		•	
	• •	TITLE		
2m 1	1 1	This form is to be filed in	compliance with RULE 1104.	
2m au	-0101	If this is a request for allo	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	
	(Signature)	well, this form must be accomp- tests taken on the well in acco	anied by a tabulation of the deviation	
Well Test Supe	rvisor	All sections of this form m	ust be filled out completely for allow	
·	(Title)		li able on new and recompleted wells.	
1-23-67			mine and a select to the and VI for changes of owner.	
(Date)		well name or number, or transporter, or other such change of condition.		

. (Date)

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

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