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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

REQUEST FOR ALLOWABLE
ANDSupersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FEB 11 11 40 AM '67

I.

Operator	
Address 1513 Producing Company	
Reason(s) for filing (Check proper box) 413 First National Bank Building, Midland, Texas	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Commingling <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. Pool Name, including Formation	Kind of Lease	State
Cato-San Andres	2 Cato-San Andres	State, Federal or Free	R-3754
Location			
Unit Section 1 NORTH	660 Feet From The South Line and 1990 Feet From The West		
Range Township 2	8 South	Range 30 East	County Chaves

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Comp.	Range	Is gas actually transported?	When
	K	2	8S	30E	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Wellbore	Deepen	Flowback	Completion	Flowback
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Test		Total Depth		Flowback			
1-23-67	2-8-67		3540		3519			
Pool	Name of Producing Formation		Top Oil Gas Pay		Tubing Depth			
Cato-San Andres	San Andres		3371		3516			
Perforations					Depth Casing Shoe			
					3537			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8-5/8		427		225			
7-7/8	5-1/2		3537		600			
	2		3516		---			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-8-67	2-8-67	Swabbing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
12	---	---	---
Actual Flow During Test	Oil-Bois.	Water-Bois.	Gas-MOP
12 hour test	56	9	12

GAS WELL

Actual Flow Test-MOP	Length of Test	Flow Condensate MOP	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

**R. Ken Williams, President**

(Title)

February 13, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

TITLE _____

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 accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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