	NO. OF COPIES RECEIVED						
	DISTRIBUTION		ONSERVATION COMMISSION	From Q. 104			
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-111			
	FILE	NEQUEST	AND	Effective, 14, rdS.			
	U.S.G.S.		NSPORT OIL AND NATURAL				
	LAND OFFICE		HAI ORT DIE AND NATURAL (771 11 43 AN '67			
	OIL						
	TRANSPORTER GAS		-				
	OPERATOP	-					
	PRORATION OFFICE	-					
1.	Operator	<u>.</u>					
	American Trading a	American Trading and Production Corporation					
	Address						
	P. O. Drawer 992, Midland, Texas						
	New Weil X		Other (Please explain)				
		Change in Transporter of:					
	Recompletion	Oil Dry Ga					
	Change in Ownership	Casinghead Gas Conden	nsate				
	If change of ownership give name	_					
	and address of previous owner		·				
			LA TERI				
Ц.	DESCRIPTION OF WELL AND		ATEL Chaveroo-Sun F				
	Lease Name	Well No. Poor Name, Including Fo	ormation K-3237 Kind of Leas				
	C. H. Hale	1 Chaveroo, S.	A. State, Federa	l cr Fee Fee Undesig-			
	Location	·····	· · · · · · · · · · · · · · · · · · ·				
	Unit Letter B ; 23	10 Feet From The East Lin	e and 330 Feet From	The North			
	, <u> </u>		reet from				
	Line of Section 11 Toy	vnship 8S Range	33E , NMPM, Chay	Zes County			
		······································					
ш	DESIGNATION OF TRANSPOR	FER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)			
	Scurlock Oil Company						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		414 Mid-America Building, Midland, Texas 7970 Address (Give address to which approved copy of this form is to be sent)				
	•						
		Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en			
	If well produces oil or liquids, give location of tanks.						
	give location of lanks.	<u> </u>	No				
		th 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) Gas well		Plug Back - Same Restv. Dill. Restv.			
			(X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	2-17-67	3-17-67	4400	4369'			
	Elevations (DF, RKB, RT, GR, etc.)	-	Top Oil/Gas Pay	Tubing Depth			
	4361' Gr., 4372' RT	San Andres	4260'	4312'			
	Perforations	· · · · ·		Depth Casing Shoe			
	4261' to 4354' (19	Holes) 3/8"		4399'			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/4"	8 5/8", 24#, J-55	404 •	225 Sks. 4% gel Incor			
	7 7/8"	4 1/2", 11.6#, J-55	43991	450 Sks. 4% gel Incor			
		2" EUE	4312'				
			1				
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-			
••	OIL WELL						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)			
	3-16-67	3-17-67	Pump - 2" x 1 1/2" x	15'			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24	25#	100#	_			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF			
	260	230	30	113			
		250					
	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			
	realing Meriod (phot, buck pro	runnig Freesens (Sunc-In)	Cosing Probate (Date 1-)				
		<u> </u>					
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION			
	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.						
			APPROVED, 19				
	Ś	<u>_</u>	П ТІТЬЕ				
	(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 accompanied by a tabulation of the deviation				
	•/	u.wej	well, this form must be accompanied by a facturation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- 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.				
	District Engineer						
	•	tle)					
	March 18, 1967						
			in all as an an analysis as as as a	ter or other such change of condition.			
		ate) ation on reverse side	well name or number, or transpor	ter, or other such change of condition. at be filed for each pool in multiply			

C. H. Hale Well #1

NW/4 of NE/4 of Section 11, T-8-S, R-33-E, Chaves County, New Mexico

Jepth 	Deviation Angle	Displacement	Accumulative Displacement (feet)
400	3/40	5.28	5.28
900	1/2	4.37	9.65
1390	3/4	6.06	15.71
1375	3/4	6.40	22.11
2200	1/2	2.84	24.95
2390	1/2	4.28	29.23
3170	3/4	2.37	31.60
3 596	1 1/4	9.30	40.90
3340	1 1/4	5.33	46.23
4035	1 1/4	2.07	48.30
4310	3/4	3.63	51,93
4400	1 1/4	1.96	53.89

I hereby certify that the information shown above is true and complete to the best of my knowledge and belief.

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J. W. Vidrine District Engineer

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Subscribed and sworn to before me this 20thday of March, 1967. ,

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Notary Public Midland County, Texas