	NO. OF COPIES RECEIVED	<b>-</b>	,~~1		
	DISTRIBUTION SANTA FE	1	CONSERVATION COMMISSION	Supersedes Old C-104 and C-110	
	FILE U.S.G.S. LAND OFFICE	AUTHORIZATION TO TR	AND HAR 20 ANSPORT OIL AND NATURAL	GAS29 AN '67	
	TRANSPORTER OIL GAS OPERATOR	-			
I.	PRORATION OFFICE (DEULATION SURVEYS- BACK SIDE)				
P	IN AMERICAN PETROLEUM CORPORATION				
	Address BOX 68, HOBBS, N. M. 88240	BOX 68, HOBBS, N. M. 88240			
	Reason(s) for filing (Check proper box)				
	New Well	Change in Transporter of: Oli Dry G	as T yother Feleral Lea	to TEMP Commingle part	
	Change in Ownership	Casinghead Gas 🗌 Conde	ensate CATOSSII, pendu	my approved of formal	
	change of ownership give name ad address of previous owner				
II. DESCRIPTION OF WELL AND LEASE UNDESIGNATED Cuto-San Andres Lease Name GRIMM Faderal I Pool Name, Including Formation R-3218 Kind of Lease Location				res Lease No.	
	<b>•</b> • • •	<b>O</b> Feet From The <b>SOUTH</b> Lin	ne and 1980 Feet From 1		
	Line of Section 9 To	wnship 8-5 Range	30-E , NMPM, CH	AVES County	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ued copy of this form is to be sent)	
	SCURLOCK OIL CO	- (TRUCKS	414 MIDAMERICA BL	DG MIDLAND TEXAS	
	Name of Authorized Transporter of Ca		Address (Give address to which approv	ved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Is gas actually connected? When NO	n	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back / Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producting Formation	3 467 ' Top Oil/Gas Pay	3448' Tubing Depth	
	Perforations	SAN ANDRES	3232'	Depth Casing Shoe	
	3232-72, 3302-46 3467				
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
	12 /4*	<u>8 5/8 ·</u> 4 1/2 ··	482	300	
ļ	<u> </u>	4/6	340("	800	
	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- IL WELL able for this depth or be for full 24 houre)				
ſ	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			i, eic.)	
┢	J-1J-0 ( Length of Test	3-16-67 Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	ZZO	50 Water - Bble.	Gas - MCF	
l	153	153	0	103	
ſ	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	
/I. (	CERTIFICATE OF COMPLIANC	 ЭЕ	OIL CONSERVA	TION COMMISSION	
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19		
•	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY		
0+	3-NMOCC-H		TITLE		
	I-NSW		This form is to be filed in compliance with RULE 1104.		
1	- JEL (Signature) AREA SUPERINTENDENT		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		
1	$\frac{1 - SUSP}{1 - RR4} \qquad (Title) \qquad 3 - 20 - 67 \qquad (Date)$		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. Separate Forms C-104 must be filed for each pool in multiply completed wells.		

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DEVIATIONS DEPTH Ź 1/2 1510 1/4 2045 2605 1 /4 2914 The above are true to the best of my knowledge. Swarn to thisdate, March 20, 1967. Notary Aublie Su & Ser Lea Co. n.m. My Commission Exprise 6-18-68. Τ, A . A