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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HUBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 5 7 48 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator ROBERT N. ENFIELD	
Address P. O. Box 807, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <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		UNDESIGNATED <i>Chaveroo - San Andres</i>	
Lease Name C. H. HALE	Lease No. 1	Well No. Port. Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee Fee
Location Unit Letter C ; 330 Feet From The North Line and 1980 Feet From The West Line of Section 11 Township 8 South Range 33 East , NMPM, Chaves County			


III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 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)		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twr. 8 S
			Rge. 33 E
	Is gas actually connected?		When
	No		

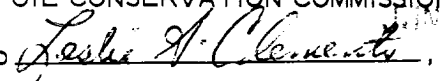
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded 4-2-67	Date Compl. Ready to Prod.	Total Depth 4365'	P.B.T.D. 4353'
Elevations (DF, RKB, RT, GR, etc.) 4384' DF	Name of Producing Formation San Andres	Top Oil/Gas Pay 4242'	Tubing Depth 4348'
Perforations Perf. 4242'-4348' (Selective)		Depth Casing Shoe 4365'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12 1/8 7-7/8	CASING & TUBING SIZE 8-5/8" 24# J-55 11-11/16" J-55 2-3/8" EUE	DEPTH SET 411' 4365' 4348'	SACKS CEMENT 225 Sacks 350 Sacks

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 5-15-67	Date of Test 5-28-67	Producing Method (Flow, pump, gas lift, etc.) Pumping (2" x 1 1/2" x 12')	
Length of Test 24 Hours	Tubing Pressure 0	Casing Pressure 150#	Choke Size 2" (Open)
Actual Prod. During Test 119	Oil-Bbls. 33	Water-Bbls. 86	Gas-MCF TSTM

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.	
 (Signature) Geologist - Engineer (Title) June 2, 1967 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED 	19 1967
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 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.	