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LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				

DISTRIBUTION	T	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARDSED FFICE D. C. C. Supersedes Old C-104 and C-110 Effective 1-1-65		
SANTA FE	REQUES ⁻			
FILE		AND		
U.S.G.S.	AUTHORIZATION TO TR	RANSPORT HAY 290 MATHR	7 %	
LAND OFFICE	 	•		
FRANSPORTER GAS				
OPERATOR				
I. PRORATION OFFICE				
Operator	um Twolewation Two			
Southern Petrole Address	um Exploration, Inc.			
Box 1434, Roswel	l, New Mexico			
Reason(s) for filing (Check proper	· box)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry C	Gas Landaria de la companya de la co		
Change in Cwnership	Casinghead Gas Cons	nensdie		
If change of ownership give nar and address of previous owner				
II. DESCRIPTION OF WELL A	ND LEASE	Name, Including Formation	Kind of Lease	
Lease Name		averoo - San Andres	State State State, Federal or Fee K-2573	
I State A	2 011	240100 - Dan Ima	R-2///	
_	660 Feet From The North L	_ine and 1980 Feet Fr	om The East	
Unit Letter;;	1 set 1 foil 1 file			
Line of Section 6	, Township 8-S Range	33-E , NMPM, Ch	aves County	
	CONTROL OF OUR AND NATURAL C	SAC		
Name of Authorized Transporter o	ORTER OF OIL AND NATURAL Of Oil or Condensate	Address (Give address to which ap	pproved copy of this form is to be sent)	
Mobil Pipeline Com	ipan y	Box 900, Dallas, T	exas 75221	
Name of Authorized Transporter c	f Casinghead Gas 🛖 💎 or Dry Gas 🦳	· ·	pproved copy of this form is to be sent)	
Cities Service Oil	Company	Bartlesville, Okla Is gas actually connected?	homa 74003 When	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		5-19-67	
give location of tanks.	A 6 8-s 33-			
If this production is commingle. IV. COMPLETION DATA	d with that from any other lease or poo	i, give comminging order number:	None	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comp		x !		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
4-27-67	5-10-67	4450 Top Cil/Gas Pay	Tubing Depth	
Pool	Name of Producing Formation	4189	4400	
Chaveros Perforations	San Andres	7207	Depth Casing Shoe	
4189 - 4351			4450	
1207	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8=5/8"	335!	200	
7-7/8*	4-1/2"	44501	350	
7-17-0	2"	4400 *		
V TEST DATA AND DECLIES	T FOR ALLOWARIE (Test must be	after recovery of total volume of load	loil and must be equal to or exceed top allow	
OIL WELL	able for this	aeptn or be for full 24 nours)		
Date First New Oil Run To Tank	s Date of Test	Producing Method (Flow, pump, go	as lift, etc.)	
5-10-67	5-22-67	Pump Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	200#	Non•	
Actual Prod. During Test	None Oil-Bbls.	Water-Bbls.	Gas-MCF	
	57	20	79.8	
77 bbls.				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Gi D	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
		OU CONCE	TION COMMISSION	
VI. CERTIFICATE OF COMPL	IANCE	OIL CONSER	RVATION COMMISSION	
		APPROVED	, 19	
C-mmission have been compl	and regulations of the Oil Conservation ied with and that the information give	on l		
above is true and complete t	o the best of my knowledge and belie	f. BY		
		TITLE	199	
		H · · ·		

B.C. Hick District Land Manager (Title)

May 22, 1967

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