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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
INANGIONIEN	GAS	
OPERATOR		
PRORATION OFFICE		

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE		AND CE O, (	2 0		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	ĞAS		
LAND OFFICE	7.077,07.1.277,701,710	JUE ZU II WILL ALL	ton		
OIL		· 44 AM	67		
TRANSPORTER GAS			•		
OPERATOR					
Operator					
operato.					
A 1.1					
Address	LUELL SERVICE, INC.				
	A CONTRACT MARKET MARKET	MEN MERICO			
Reason(s) for filing (Check proper box)		Other (Please explain)	4		
New Well	Change in Transporter of:				
Recompletion	Oil Dry C	Gas			
Change in Ownership	Casinghead Gas Cond	ensate			
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND	LEASE UNDESIGN	ATED Cato-San And	¥€5		
Lease Name	Well No. Pool Name, Including		se Lease No.		
Caesay	1 CATO SAN AN	State, Fede	ral or Fee		
I					
Location 19	ao Seurn	1980	EAST		
Unit Letter;	Feet From TheL	ine andFeet From	The		
	85	30 E	CHAVES		
Line of Section Tow	vnship Range	, NMPM,	County		
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	roved copy of this form is to be sent)		
Pramiak		Mislans, Texa	•		
'Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appr	roved copy of this form is to be sent)		
Name of Management					
	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen		
If well produces oil or liquids,	S S SO	_ io gas astalli, little			
give location of tanks.					
If this production is commingled with	th that from any other lease or poo	l, give commingling order number:			
COMPLETION DATA			Diff Books		
D t T C let	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty.		
Designate Type of Completic	$\operatorname{on} = (X)$	*			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
6/17/67	7/17/67	3286	2842		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
42.35 Ga	SAN AND ES	2943	3254		
			Depth Casing Shoe		
Perforations 3139-50-53-59-6	L47989 <b>4796556</b> 5	-45-49-54-59			
3139-30-33-33-					
1	TUBING, CASING, A	ND CEMENTING RECORD			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	8 3/4	413.77	190 BACKS BHEGGE		
1 3/V'		8294	1,50 \$110.13 611.00.10		
	2 3/8"	3234			
	OR ATTOWARTE OF A	-for an annual of social values of load o	il and must be equal to or exceed top allow-		
TEST DATA AND REQUEST F	OK ALLOWABLE (1 est must be able for this	depth or be for full 24 hours)	to the meat of equal to or exceed top arrow.		
OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Date First New Oil Fun To Tanks	7/17/67	FLOW	_ *		
7/10/07		Casing Pressure	Choke Size		
Length of Test24 ##3.	Tubing Pressure	Cdsing Pressure	0020 0.120		
Actual Prod. Durant Total .	Oil-Bbls.	Water-Bbls.	Gas-MCF		
·	····				
CAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Floa, 1881-MCF/D					
		Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Cdstud blessme (sudc-In)	Olloro Dina		
	1				
CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION		
OLIVIII OF COME BANK		( )	<del>-</del> 4 *		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19		
Commission have been complied t	with and that the information give	given			
above is true and complete to the	e best of my knowledge and belie	f. BY	um		
<b>(</b> )	)	TITY'E			
	J	This form is to be filed in compliance with RULE 1104.			
/ Dia I	Κ \	If this is a request for allowable for a newly drilled or deepened			
	NAL GALLER	If this to a technical for all	I want this form must be accompanied by a tabulation of the deviation		
16:10	mature)	I want the form must be accome	nenied by a tabulation of the deviation		
	ature)	well, this form must be accome tests taken on the well in accome	spanied by a tabulation of the deviation cordance with RULE 111.		
PRESIDENT		well, this form must be accome tests taken on the well in accome All sections of this form	spanied by a tabulation of the deviation cordance with RULE 111.  must be filled out completely for allow-		
PRESIDENT (T	itle)	well, this form must be accommended the tests taken on the well in accommendation.  All sections of this form able on new and recompleted	spanied by a tabulation of the deviation cordance with RULE 111. must be filled out completely for allowwells.		
PRESIDENT (T. 7/25/67		well, this form must be accommodated tests taken on the well in accommodate and accompleted with the second able on new and recompleted.	spanied by a tabulation of the deviation cordance with RULE 111.  must be filled out completely for allow-		

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

## DEVIATION SURVEY

917' - 1 % 2107'- 3/4% 3060' - 3/4% 3264 - 3/4%

THE ABOVE IS TRUE AS TAKEN BY ARD DRILLING.

Bill J. Lohmann

<u>Lea</u> County

New Mexico

State

Sworn to and subscribed before me this  $\underline{26th}$  day of  $\underline{July}$ ,  $\underline{1967}$  .

Notary Public

My commission expires May 14, 1971