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NO. OF CO ES MECEIVED			
DISTRIBUTION		NSERVATION COMMISSIC	Form C -104 Supersedes Old C-104 and C-110
SANT A FE	REQUEST F	OR ALLOWABLE AND	Effective 1-1-65
FILE	AUTHODIZATION TO TRAN	ISPORT OIL AND NATURAL G	SAS
U.S.G.S.		•	
OIL	Orig&4cc: OCC, Hobbs		
RANSPORTER GAS	<i>.</i>		
OPERATOR			
PRORATION OFFICE			
STNCL TR OF L	SAS COMPANYR POR AT		
Address			
P. U. Box 1920,	Hobbs, New Mexico 88240	)	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		bbl. allowable.
Recompletion	Oil Dry Gas Casinghead Gas Condens	Fig 110ddccd william	esting.
Change in Ownership	Casinghead Gas Condens	sate []	
f change of ownership give name	•		
and address of previous owner	· · · · · · · · · · · · · · · · · · ·		
DESCRIPTION OF WELL AND	LEASE 133	TED	
Lease Name	Lease No.   Well No.   Pool Nam	e, Including Formation	Kind of Lease
Winkler Federal	14 Cato-S	San Andres	State, Federal or Fee Federal
Location	o South	1000 _	The West
Unit Letter K ; 198	O Feet From The South Line	and 1980 Feet From	The WESU
Line of Section 29 Tov	waship 8S Range 3	OE , NMPM,	ChavesCounty
Line of Section 27 Tov	viisiip CD //ciiigo		
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	s	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	
Mobil Pipe Line Company		Address (Give address to which appro	as (Attn: Mr. Don Kennedy
Name or Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	your copy of and form to be or sum,
None	Unit Sec. Twp. Rge.	Is gas actually connected?	nen
If well produces oil or liquids,	Unit Sec. Twp. Rge. M 29 8S 30E	No	
give location of tanks.	<u></u>	the commingling order number:	
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty
Designate Type of Completion	1 1	(X)	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod. 2-4-68	Total Depth 4000	34921
12-13-67	Name of Producing Formation	Tep Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	San Andres	32891	3399'
Perforations			Depth Casing Shoe
3289,3292,3296,3301,33	04,3316,3347,3351,3354,33	356,3357 & 3358'	40001
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"OD	2851	200
8-3/4"	4-1/2"OD	40001	400
	2 <b>-</b> 3/8"OD <sup>X</sup>	33991	
	<u> </u>	for a second sec	l and must be equal to or exceed top allow
TEST DATA AND REQUEST F	OR ALLOWABLE . (Test must be a able for this de	epth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
12-31-67	2-16-68	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.		Water - Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	water-Bbis.	0
1 bbl.	0	-	
CAS WEST			
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
CELTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION
			) _ 19
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	Marin
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY	Mining
		TITLE	
			n compliance with RULE 1104.
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## VI.

bove is true and complete to the be	at of my knowledge and belief.
FIRE	2012 11 11
(Signature	)
Sure rintendent	
(Title)	

February 20, 1968

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.