	NO. OF COPIES RECE	EIVED	İ	
	DISTRIBUTIO			
	SANTA FE			
	FILE			
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
	IRANSPORTER	GAS		
	OPERATOR			
I.	PRORATION OFFICE			

	SANTA FE	REQUEST FOR ALLOWABLE O. C.			Supersedes Old C-104 and C-110			
_	FILE				Effective 1-1-65			
-	U.S.G.S.	AUTHORIZATION TO T	TANSPORT OIL AND NAT JUL 29 O 40 AM	URAL GAS				
-	[RANSPORTER OIL		002 23 0 40 1111	ri A				
	GAS							
-	OPERATOR							
1.	Operator Operator							
	H. L. Brown, Jr.							
	309 Midland Tower, Midland, Texas							
ŀ	Reason(s) for filing (Check proper box)		Other (Please exp	lain)				
	New Well	Change in Transporter of:						
ļ	Recompletion Change in Ownership		r Gas					
L								
	f change of ownership give name and address of previous owner							
II. 1	DESCRIPTION OF WELL AND LEASE UNDESIGNATED Code-San Andres							
_	Lease Name Federal 13	Well No. Pool Name, Includin		d of Lease te, Federal or Fee	Federal Mess No.			
-	Location		3.0	(e, rederar or red	0(1933-4			
	Unit Letter L; 33	Feet From The	Line andF	eet From The	South			
	12	A_a	30-B NMPM		Chaves County			
Ĺ	Line of Section 13 Tow	mship Range	, NMPM,		County			
u.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL	GAS Address (Give address to we	list some of some	of this form is to be sent!			
	Name of Authorized Transporter of Oil Scarlock Cil Company		Mid-America Bld					
ŀ	Name of Authorized Transporter of Cas		Address (Give address to w					
	Mone		1	When				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 13 85 30		When				
į.	If this production is commingled wit	h that from any other lease or po	ool, give commingling order nu	mber:				
	COMPLETION DATA	Oil Well Gas Wel		Deepen Plug B	Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio		X	i i	!			
ŀ	Date Spudded	Date Compl. Ready to Prod.	Total Depth 3608°	P.B.T	.D. 3565 °			
	1-27-68	3-68-68 Name of Producing Formation	Top Oil/Gas Pay	Tubine	Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Sen Andres	3554'	.	35261			
	Perforations	2062 E 2564		Depth	Casing Shoe			
	3554, 3562.5, 3563,		AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
	11"	8-5/8"	212'		175			
	7-7/8"	8-1/8" 8-3/8"	3000,		300			
		\$#3/G						
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this death or he for full 24 hours)							
j	OIL WELL Date First New Oil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
	7-10-68	7-22-68	Pump	Chahi	S1-0			
	Length of Test	Tubing Pressure	Casing Pressure	Choke	• • • • • • • • • • • • • • • • • • •			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-1				
	540 bbl.	60	480		21			
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit	ty of Condensate			
		Entre Description (Date 42)	Casing Pressure (Shut-in) Choke	Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cubing Freebaute (Dates 2.					
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CO	NSERVATION	COMMISSION			
		APPROVED	2) 19				
	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.		ven ven					
			ief. BY					
	\sim	TITLE						
	*	\star \star \star			This form is to be filed in compliance with RULE 1104.			
	(Sign	I 11 Abia faam muset b	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					
	(Sign	tests taken on the we	tests taken on the well in accordance with RULE 111.					
	(Ti	able on new and recor	All sections of this form must be filled out completely for allowable on new and recompleted wells.					
		July 24, 1968			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.			
	(De	ate)	Separate Forms	C-104 must be fi	led for each pool in multiply			
			completed wells.					