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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FORMALLOWABLEE O. C. C.	Supersedes Old C-104 and C-11 Effective 1-1-65		
	FILE	4417110017471011 TO TO	AND	CAS		
	U.S.G.S.	AUTHORIZATION TO TRANSPARZIDILI AND NATURAL GAS				
	OIL					
	TRANSPORTER GAS					
	OPERATOR	1				
	PRORATION OFFICE					
•	Operator					
	Southweste	ern Natural Gas, Inc.				
	Address					
	900 Bank c	of the Southwest	Midland, Texas			
	Reason(s) for filing (Check proper box,	,	Other (Please explain)			
	New We!1	Change in Transporter of:				
	Recompletion	Oil Dry Go	<b>─ ─</b>			
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name					
	and address of previous owner					
		FACE	4			
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation / Kind of Lea	Lease No.		
		1 Chavero	Serie Sada	ral or Fee State K-2019		
	Champlin State	Chavero	9	OCACC J N 2017		
	/	North	ne and 1980 Feet From	The East		
	Unit Letter B ; 66	Feet From The North Lin	ie and reet thou			
	Line of Section 4 Tov	vnship 8-S Range	33-E , NMPM,	Chaves County		
	Line of Section 4 100	0-0				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Oll	or Condensate	Address (Give address to which appr	roved copy of this form is to be sent)		
	The Permian Corpor	ration	Box 3119, Midlan	d, Texas		
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which appr	roved copy of this form is to be sent)		
	Presently negotial	ing contract				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen		
	give location of tanks.	B 4 8-S 33-E	No			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA			Plug Back   Same Resty.   Diff. Resty.		
	Designate Type of Completic	Oil Well Gas Well		Pring Back Same (168 11 Similar		
			X Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	441 5	4414		
	March 3, 1968 Elevations (DF, RKB, RT, GR, etc.)	June 1, 1968  Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			4285	4307		
	4426 GR Perforations	San Andres	420.	Depth Casing Shoe		
	·	20', 31', 42', 51', 62	1 721 771	441 5		
	4283 , 4302 , 08	TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	11"	8 5/8"	3301	250 sks		
	7 7/8"	4 1/2"	4414'	150 sks		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load o	il and must be equal to or exceed top allou		
	OIL WELL	able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test				
	June 17, 1968	June 18, 1968	13" Insert pump	Choke Size		
	Length of Test	Tubing Pressure				
	24 hours	40#	Water - Bble.	Gas-MCF		
	Actual Prod. During Test	Oli-Bbis.		63 MCF		
	155	50	105 BW	h 3 MLE		
	CAC WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Piodi Tool-Mol/D		,			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	, defined in the second		1			
	CERTIFICATE OF COMPLIAN	CF.	OIL CONSERV	ATION COMMISSION		
٧1.	CERTIFICATE OF COMPLIAN	CE	( )			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED, 19				
		Se Se Stand				
	Commission have been complied	with and that the information given	4000	the state of the s		
	Commission have been complied	regulations of the Oil Conservation with and that the information given a bear of my knowledge and belief.	4000	they		
	Commission have been complied	with and that the information given	4000	Hory		
	Commission have been complied	with and that the information given	BYTITLE	n compliance with RULE 1104.		

	M.	Cammon
1	(Sign	nature)
O	ffice Man	nager

June 18, 1968

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