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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	AND AND		Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.			· · · · · · · · · · · · · · · · · · ·		
	LAND OFFICE	AOTHORIZATION TO TRA	MASSICKT OIL AND NATURAL C	SAS $i \mathcal{A} \circ \gamma \circ \gamma_{\mathcal{B}_{\mathcal{Q}}}$		
	TRANSPORTER OIL	_		•		
	OPERATOR GAS	4				
	PRORATION OFFICE	-				
1.	Operator II. L. Brown, Jr.					
	Address 300 Midland Tower	: Midland, Texas				
	Reason(s) for filing (Check proper box	· · · · · · · · · · · · · · · · · · ·	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	≔			
	If change of ownership give name and address of previous owner		***************************************			
	·	VEACE Sale Sale	n A. dres 6-31-62.			
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	n Andres R-3662 ormation Kind of Lease			
	T. M. Federal 7 //	1 - Vilde	State, Federa	lorFeeFederal 067707		
	Location P 66	O South	66.3	The mate		
	Unit Letter;	Feet From The South Line	e andFeet From 7	The Last		
	Line of Section 17 Tox	wnship T-8-5 Range	31-3 , NMPM, C	Chaves County		
! T I .	DESIGNATION OF TRANSPOR	TEB OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx			
	The Permion Corp		Box 3119, Midland Address (Give address to which approx			
	Name of Authorized Transporter of Car	singliand das of Dif das	Address (other address to miser approx	oca copy of this form to be comp		
	If well produces oil or liquids,	Unit Sec. Twp. Rge. P 17 8-8 31-1	Is gas actually connected? Whe	en		
	give location of tanks.	1	<u> </u>			
	If this production is commingled wire COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
	Designate Type of Completic	$\begin{array}{c c} \text{Oll Well} & \text{Gas Well} \\ \text{On } -(X) & \end{array}$	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	10/20/68	11/12/68	3850	3815		
	Elevations (DF, RKB, RT, GR, etc.) 4220 IIB	Name of Producing Formation San Andres	Top Oil/Gas Pay 3712	Tubing Depth 3474		
	Perforations 4.2, 3714	, 3718, 5722, 3724,	3726,	Depth Casing Shoe		
	3720, 3732. 37 45 ,			3850		
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	8-5/8"	2041	200 sxs.		
		4-1/2"	38501	250 sxs.		
		2'1	3474'	 		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be as	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
	Able for this depth or be for full 24 hours) Oute First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	11/12/68	11/14/68	Flow			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	1) hrs. Actual Prod. During Test	125	Water-Bbls.	24/64 Gas-MCF		
	65 bb1.	65	0	31		
	CAC WEY I					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	lesting Method (pitot, back pr.)	Tubing Pleasure (Stute-In)				
VI.	CERTIFICATE OF COMPLIAN	TIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION		TION COMMISSION		
	I hereby certify that the sules and	regulations of the Oil Conservation	APPROVED	, 19		
	Commission have been complied to	with and that the information given	BY W	Toney		
	above is true and complete to the best of my knowledge and belief.					
			TITLE			
	(la -) /	2	To this is a sequent for allow	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
		ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	Production Cleri	K		and the state of the second state of the second		

(Title)

1963 (Date)

November 18,

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.

