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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Chambers & Kennedy	
Address 607 Midland National Bank Bldg., Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Lease Name Sibert Federal	Well No. 1 Pool Name, including Formation Wildcat - San Andres
Kind of Lease State, Federal or Fee Federal	
Location	
Unit Letter E ; 1980' Feet From The North Line and 660' Feet From The West	
Line of Section 35 , Township 8S Range 31E , NMPM, Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Admiral Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1713, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) None
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 35 8S 31E	No --
If this production is commingled with that from any other lease or pool, give commingling order number: Not Applicable	

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
X	X
Date Spudded 11/20/68	Date Compl. Ready to Prod. 1/29/69
Pool San Andres	Name of Producing Formation San Andres
Perforations 2910-2915	Total Depth 3986'
	Top Oil/Gas Pay 3910'
	Tubing Depth 3960'
	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
12"	8-5/8"
7-5/8"	4-1/2"
	2-3/8"
	DEPTH SET
	413'
	3986'
	3960'
	SACKS CEMENT
	275 sx
	375 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks 1/29/69	Date of Test 1/30/69
Length of Test 24 hr	Producing Method (Flow, pump, gas lift, etc.) Pumping
Actual Prod. During Test 8.30 bbls	Tubing Pressure
	Casing Pressure
	Choke Size
	Water-Bbls. 110
	Gas-MCF 3.7

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Tubing Pressure
	Casing Pressure
	Choke Size

VI. CERTIFICATE OF COMPLIANCE	
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.	
APPROVED _____, 19____	
BY Leslie A. Clements	
TITLE _____	
This form is to be filed in compliance with RULE 1104.	
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 Sections I, II, III, and VI only 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 multiple.	
SC Thompson (Signature) Manager of Production (Title) February 21, 1969 (Date)	