

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

SEP 21

11 51 AM '68

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator Southwestern Natural Gas, Inc.	
Address 900 Bank of the Southwest 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"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

~~UNDESIGNATED~~

Lease Name Federal "24"	Well No. 1	Pool Name, Including Formation Chaveroo (San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03446-B
Location Chaveroo-San Andres R-3562				
Unit Letter 'G' ; 1980' Feet From The North Line and 1980' Feet From The East				
Line of Section 24 Township 7-S Range 32-E, NMPM, Roosevelt 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas					
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) --					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24	Twp. 7-S	Rge. 32-E	Is gas actually connected? No	When --

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-1-68	Date Compl. Ready to Prod. 7-8-68	Total Depth 4700'		P.B.T.D. 4699'					
Elevations (DF, RKB, RT, GR, etc.) 4459' DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 4162'		Tubing Depth 4159'				
Perforations 4162 - 4388' (15 - 0.375" holes)		Depth Casing Shoe 4700							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 11"	CASING & TUBING SIZE 7"		DEPTH SET 1824'		SACKS CEMENT 400 - Circ.				
6 1/8"	4 1/2"		4700'		150				
	2 3/8"		4159'						

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)

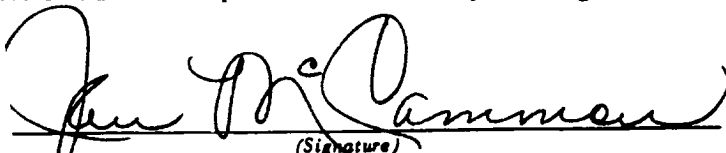
Date First New Oil Run To Tanks 9-10-68	Date of Test 9-10-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 10	Oil-Bbls. 10	Water-Bbls. 75	Gas-MCF 1.5

GAS WELL

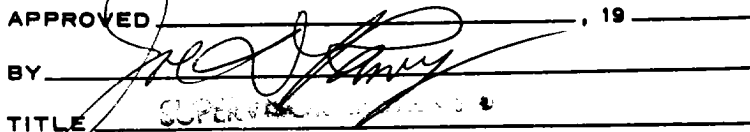
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Joe McComman
Office Manager
(Title)
Sept. 13, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE SUPERVISOR

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 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.