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

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	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (SAS		
	LAND OFFICE					
	TRANSPORTER OIL					
	GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator					
	Jenkins-Dhaenens Gil	Co., Inc.				
	Address	17				
	c/e 011 Reports & Gas	Services, Inc Box 76	3 - Hobbs, New Mexico			
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well	Change in Transporter of:	THIS WELL HAS BEEN	PLACED IN THE POOL		
	Recompletion	Oil Dry Ga	S DESIGNATED RELOW	F YOU DO NOT CONCUR		
	Change in Ownership	Casinghead Gas Conder	NOTIFY TILLS ARELAN	TOO DO NOT CONCUR		
	Change in Ownership	Cashigheat Cas contas.				
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE	ormation P JIC Kind of Leas			
	Lease Name	Well No. Pool Name, Including Fo	/ - / -			
	Selma Andrews	1 Undes. Chaver	State, Federa	d or Fee		
	Location					
	Unit Letter 1; 198	Feet From The South Lin	e and 660 Feet From	The Rest		
	Line of Section 22 To	wnship 7 S Range	32 E , NMPM, ROOS	Sevelt County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Mebil Oil Company by Tr	ueks	P. O. Box 900, Dallas	, Texas		
	Name of Authorized Transporter of Ca		Address (Give address to which appro	ved copy of this form is to be sent)		
		Unit Sec. Twp. Ege.	Is gas actually connected? Wh	en		
	If well produces oil or liquids, give location of tanks.	I 22 78 32E	No			
		th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on = (X)	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	11/15/70	12/8/70	4415	4365		
	· · · · · · · · · · · · · · · · · · ·	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	San Andres	41 60	4250		
	, , , , , , , , , , , , , , , , , , , ,	San Angles	4100	Depth Casing Shoe		
	Perforations	A 39 40 89 80 49 4	79	4415		
	4100, 67, 74, 4223, 2	9, 33, 48, 52, 58, 63 &		4413		
			CEMENTING RECORD	***		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4	8 5/8	454	275		
	7 7/8	4 1/2	4415	650		
		2 3/8	4250			
T ,	TEST DATA AND REQUEST F	OR ALLOWARIE /Tan must be	fter recovery of total values of load oil	and must be equal to or exceed top allow		
٧.	OIL WELL		pth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
	12/8/70	12/10/79	Flow			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24	200#	1000#	36/64		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
	110	110	No	116		
	GAS WELL		Dila Gardanaria ANGE	Gravity of Condensate		
	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		
1/ 2	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION		
¥ I.	CERTIFICATE OF COMPLIAN	OL.	1 / /	1070		
			APPROVED DEC 14	13/19		
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY TITLE SPERVINGS CY			
			TITLE	· · · · · · · · · · · · · · · · · · ·		
	j/) 11 1/	7	This form is to be filed in	compliance with RULE 1104.		
	Donare Delles		If this is a request for allow	wable for a newly drilled or deepened		
- Mourie / xpieces			If this is a request for allowable for a newly drilled or deepened			

(Signature) Agent (Title) 12/11/70

(Date)

well, this form must be accompanied by a tabulation of 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.

RECEIVED

1 1 1970

OIL CONSERVATION COMM.