Districted Con		L	
SANTA FE			
FILE			
U.S.G.S.		Ĭ	
LAND OFFICE			ļ
TRANSPORTER	OIL		
IRANSFORTER	GAS	<u> </u>	
OPERATOR			
		i	1

NEW MEXICO OIL CONSERVATION COMMI 'N

Form C-104
Supersedes Old C-104 and C-110

-	SANTAFE	REQUEST F	OR ALLOWABLE	Effective 1-1-65		
Ļ	FILE		AND			
1	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL G	AS		
	LAND OFFICE					
	TRANSPORTER OIL					
- 1	GAS					
1	OPERATOR					
	PRORATION OFFICE					
*	Operator					
1	V-F Petrole	eum Inc.				
ł	Address					
	1212 Vaughr	Building, Midland,	Texas			
	Reason(s) for filing (Check proper box) Other (Please explain)					
		Change in Transporter of:	Change in poo	l designation and		
ļ	New Weil	Oil Dry Gas				
}	Recompletion		= lease name.			
l	Change in Ownership	Casinghead Gas Condens				
	If change of ownership give name					
	and address of previous owner					
	•					
11.	DESCRIPTION OF WELL AND I	EASE	rmation Kind of Lease	Lease No.		
i	Lease Name	Well No. Pool Name, increasing to		m		
	F. J. Danglade	l Shoebar Penns	J	or ree		
	Location		th (Penn)			
	Unit Letter J : 198	30 Feet From The East Line	and 1980 Feet From T	he South		
	Unit Letter 3 : 100		_			
	Line of Section 15 Tow	mship 16-S Range	35-E , NMPM, I	ea County		
İ	Line of Section 13					
	TOTAL ANTON OF TRANSPORT	ER OF OIL AND NATURAL GAS	5			
111.	Name of Authorized Transporter of Oil	X or Condensate	Wadiege Othe addiege to mitter abbits			
	Texas New Mexico P:	ine Line Co.	P. O. Box 1510, Mid	lland, Texas 79701		
	Name of Authorized Transporter of Cas	Inghead Cas V or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)		
			P. O. Box 1589, Tu			
	Warren Petroleum Co		Is gas actually connected? Whe			
	if well produces oil or liquids,	Unit Sec. Twp. Pge. J 15 16-\$ 35E	Yes	11-18-56		
	give location of tanks.	<u>i</u>				
	If this production is commingled wit	h that from any other lease or pool, a	give commingling order number:			
īV	COMPLETION DATA			Plug Back Same Resty. Diff. Resty.		
		Oil Well Gas Well	1,100, 101,	1		
	Designate Type of Completio		X	X		
	Date Symided Work commence	pate Compl. Ready to Prod.	Total Depth	P.B.T.D. 11,330		
	3-2-73	3-15-73	12,978			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3,987 GL	Strawn	10,954	11,067		
	Perforations	<u> </u>		Depth Casing Shoe		
	Perforations	w/total of 34 holes				
	10,954 to 10,989	TUBING, CASING, AND	CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	13-3/8	325	Circulated -		
	17-1/4		4710	1800'		
	12-1/4	9-5/8		9000'		
	8-3/4	7"	12.978	9000		
		2-3/8	11,067	i i i i i i i i i i i i i i i i i i i		
*/	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	fter recovery of total volume of load oil	and must be equal to or exceed top allow		
٧.	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	ft. etc.)		
	Date First New Oil Run To Tanks	Date of Test		· · · · ·		
	3-15-73	3-18-73	Pump	Choke Size		
	Length of Teet	Tubing Pressure	Casing Pressure	Chore bire		
	24 hrs.	-	20 psi	- VG5		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF		
	62	62	0	116		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D					
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	I dontild Liange of Ottor-we)	•			
			OH CONSERVA	ATION COMMISSION		
VI. CERTIFICATE OF COMPLIANCE		CE	OIL CONSERVA	TION COMMISSION		
]1						
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 12 - 12	11/1//			
		BY Sasles	1 demicros			
		- The state of the				
il			TITLE			
			This form is to be filed in compliance with RULE 1104.			
	ن است ا		Tilve form **			

J. M. Fullinwider	
(Simogre)	
Vice President	
(Title)	
3-20-73	
(Date)	

If this is a request for sllowable 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 allow able 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