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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		1	

## NEW MEXICO OIL CONSERVATION COMMISSION DECLIEST FOR ALLOWARIE

Form C-104 Supersedes Old C-104 and C-11

- 1	SANTAFE		OK ALLOWABLE	Effective 1-1-65		
	FILE		AND	AC		
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS		
- 1	LAND OFFICE					
	TRANSPORTER OIL					
	GAS		•	•		
	OPERATOR					
ı.	PRORATION OFFICE					
	Charles B. Gillespie,	Jr.				
	P.O. Box 8 Midland,	Texas 79702				
			Other (Please explain)			
	Reason(s) for filing (Check proper box)	Change in Transporter of:				
	New Well.	Oil Dry Gas				
	Recompletion Change in Ownership	Casinghead Gas Condens	sate 🔲			
	Change in Ownership					
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND I	LEASE		Wed of Lagran		
•••	Lease Name	Lease No.   Well No.   Pool Name	e, Including Formation	Kind of Lease		
	State "F"	E-2116 2 Saun	ders Permo-Penn	State, Federal or Fee State		
	Location			_		
	Unit Letter F 19	80 Feet From The South Line	and 660 Feet From 7	The East		
		<del></del>		County		
	Line of Section 4 Tow	mship 15S Range 3	3E , NMPM,	Lea County_		
			_			
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	or Condensate	P.O. Box 1979 Tulsa,			
	Amoco Pipeline Co.	inghead Gas X or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas Warren Petroleum Corp.	Ingneda Gds [A] Ol Diy Gds	P.O. Box 1589 Tulsa,			
	warren Petroleum Corp.	·	Is gas actually connected? Who			
	If well produces oil or liquids,	Unit Sec. Twp. Hge. N 4 15S 33E		Unkn		
	give location of tanks.	<u> </u>				
	If this production is commingled wit	th that from any other lease or pool, g	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 Completio	on = (X)	x			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3-28-80	6-26-80	10028	10013		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	4203 GR, 4221 DF	Penn	9911	9808.6		
	Perforations			Depth Casing Shoe		
	9911-28,32-40, 9959-63	3,78-82		10028		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17 1/4"	13 3/8 48# H-40	305	350 Sx. circ		
	11 "	8 5/8 24-32, J & K	4225	1600 Sx. Circ		
	7 7/8"	17#, J & N	4059,29-10028	1400 Sx		
	5 1/2"	2 3/8 J, 4.6#	9808.06			
v	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fier recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow		
·	OIL WELL	40.00 / 0.000 = 0.000	Producing Method (Flow, pump, gas li	ift, etc.)		
Date First New Oil Run 18 Talks						
	7-1-80	7-8-80 Tubing Pressure	Pumping Casing Pressure	Choke Size		
	Length of Test	I doing Preseduc				
	24 Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
	Actual Prod. During 1451	12	28	NIL		
		12				
	CACHELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
<b>-</b> 71	I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERV	OIL CONSERVATION COMMISSION		
V.			APPROVED JUL 2.8, 1980  By July W. Junyan  Geologisi			
			TITLE			
	Chirles & Dellinger Fr / U.S. (Signature)  (Title)		If this is a request for allowable for a newly drilled or deepend 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			
	pucator	itle)	All sections of this form must be filled out completely for all able on new and recompleted wells.			
	· · · · · · · · · · · · · · · · · · ·	,		as are a series of owner		

Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip

(Date)