NO. OF COPIES REC	EIVEO	i	
DISTRIBUTIO		i	
SANTA FE			
FILE		!	
U.S.G.S.		İ	
LAND OFFICE			
TRANSPORTER	OIL		
	G A S		
OPERATOR			
	1		

110

	SANTA FE	REQUEST			T FOR ALLOWABLE			Form C-104 Supersedes	Form C-104 Supersedes Old C-104 and C-1	
	U.S.G.S.	_		AMDG = f			Effective 1-	Effective 1-1-65		
	LAND OFFICE	AUTHO	RIZATIO	N TO TR	ANSPOR	T OIL AND	NATURAL G	AS		
	011	-				-	·"1 Bg			
	TRANSPORTER GAS	-								
	OPERATOR									
1.	PRORATION OFFICE									
	Standard Oil Company Address	of Texas a	Divisi	on of (	Chevron	Oil Comp	any			
	3610 Avenue S, Snyde	er. Texas 79	549							
	Reason(s) for filing (Check proper be					Other (Please	e explain)			
	New Well	Change in	Transporter	of:			, ,			
	Recompletion	Oil		Dry G	as _					
	Change in Ownership	Casinghea	ıd Gas	Conde	nsate					
	If change of ownership give name and address of previous owner									
11.	DESCRIPTION OF WELL AND	DIFACE +	UNDES	CNA	TED_	il-bhe.	hl. n. h. i			
	Lease Name	Well No.	Pool Lame,	Including F	ormation	K-3818	Dineby Kind of Lease		Lease No.	
	State 1	5	Hobbs (	Blineb	ry) <u>/</u>		State, Federal	or Fee State	B-2277-1	
		330 Feet From	n The Sou	ıth	ne and	<b>2</b> 218	Feet From T	East		
					-		reetrom T	ne		
	Line of Section 29 T	ownship 189	<u> </u>	Range	38E	, NMPM		Lea	County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
	Name of Authorized Transporter of O	ni 🛣 or Co	ndensate		Aidress	(Give address i	to which approve	ed copy of this form i	s to be sent)	
	Permian Corporation						and, Texa			
	Name of Authorized Transporter of C	asingnead Gas	or ⊃ry G	Gas	Address	(Give address t	to which approve	ed copy of this form i	s to be sent)	
	If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	Is gas a	ctually connecte	ed? Wher	1		
	give location of tanks.	0 29	185	38E	No		Wh	en sold.		
137	If this production is commingled we COMPLETION DATA	vith that from any	other leas	se or pool,	give com	mingling order	number:			
1 .			l Well	Gas Well	New Well	Workever	Deepen	Plug Back   Same R	es'v. Diff. Res'v.	
	Designate Type of Complet	ion - (X)	X		X		1	!		
	Date Spudded	Date Compl. Re		•	Total De	-		P.B.T.D.		
	6-10-69 Elevations (DF, RKB, RT, GR, etc.,	7-18-		OF.			6970 Tubing Depth	<del></del>		
	3646 GR Blinebry						5967	•		
	Perforations							Depth Casing Shoe		
	5918-24, 5932-42, 596	<u>52-68                                    </u>						7022		
					CEMEN.	TING RECOR				
	HOLE SIZE	11 3/4	& TUBING	SIZE	364			SACKS CE 370	MENT	
	11"	8 5/8		<del>-</del>	-	3808			300	
	7 7/8"	6 5/8" -		liner	3575-7022				530	
	5 3/4"	2 3/8		PTHEY	5967			None		
V.	TEST DATA AND REQUEST I		BLE (Tes	t must be a	fter recove	ry of total volu	me of load oil ar	nd must be equal to or	exceed top allow	
	Oll. WELL Date First New Oil Bun To Tanks	Date of Test	able	for this de	pth or be f	or full 24 hours	<u>)                                    </u>			
					Producing Method (Flow, pump, gas lift, etc.) Flow			etc.)		
	7-18-69 Length of Test	7-21-69 Tubing Pressure						Choke Size	<del></del>	
	19 hrs.	100 psi.			Packer			16/64	16/64	
	Actual Prod. During Test	Oil-Bbls.	<del></del>		Water - Bi			Gas-MCF	<del></del>	
	94	94 94			7			70.5		
	GAS WELL									
[	Actual Prod. Test-MCF/D	Test-MCF/D Length of Test			Bbls. Co	ndensate/MMCF	-	Gravity of Condensa	•	
	Testing Method (pitot, back pr.)	Tubing Pressure	• (Shut-in	)	Casing P	ressure (Shut-	-in)	Choke Size		
VI	CERTIFICATE OF COMPLIAN	UCF					ONSERVA	10N 00M (100)		
	CENTILICATE OF COMPLIAN	···				OIL C	ָבְאַרְוֹל <b>ְגַ</b> רִיכִי	1969	N	
	I hereby certify that the rules and	regulations of th	ne Oil Cons	servation	APPR	DAED T	Hou	7 1000	, 19	
	mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.			TITLE Geologist						
	above is true and complete to the best of my knowledge and belief.									
	P Doubles M	a	(	1	Th	is form is to	be filed in co	mpliance with RUL	E 1104.	
	B. Davidson	rsc ( re		If Wall	this is a requ	be accompani	ble for a newly dril	led or deepened		
	(Signature)  District Drilling Supervisor					well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				

(Title)

(Date)

July 31, 1969

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