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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
		i

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

⊢	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
-	FILE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL (SAS	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATORAL	3,7,3	
	OIL				
	TRANSPORTER GAS				
H	OPERATOR				
,	PRORATION OFFICE				
•	Operator				
	Yuronka & Cha	ndler			
	Address		**************************************		
	120-C Centrel	Building, Midland, Texas	79701 Other (Please explain)		
- 1	Reason(s) for filing (Check proper be	Change in Transporter of:		sted for 90 day tempor-	
	New Well	Oil Dry Ga		order as application has	
ĺ	Recompletion Change in Ownership	Casinghead Gas Conden	The same and the sale		
L	Change in Ownership				
	f change of ownership give name				
É	and address of previous owner				
11.	DESCRIPTION OF WELL AND	D LEASE	ormation Kind of Leas	se Lease No.	
	Lease Name	Well No. Pool Name, including i	ormation Kind of Leas		
	Salcher	1 Tubb	3,0,0,5,1,0	33.	
	Location		460	The West	
	Unit Letter;;	660 Feet From The South Lin	ne and <u>660</u> Feet From	The HOBU	
	Time of Section 7	Township 22-S Range	38-E , NMPM, Let	County	
I	Line of Section	Township 22-3 Hange	JO-2		
***	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS		
111.	Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)	
Ì	Admiral Crude Oil Co		P. O. Box 1713, Midland, Texas 79701		
	Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent;	
			1.00		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually commercial	hen	
	give location of tanks.	M 7 22-S 38-E			
	If this production is commingled	with that from any other lease or pool,	give commingling order number:	Submitted but not approved.	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Comple	O11	X	X	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded 10-22-67	1-11-68	73001	63001	
	Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth	
	22 FM DE	Trable	61551	61471	
	Perforations 6155' 6173'	, 6181', 6204', 6217', 622	8', 6243', 6258',	Depth Casing Shoe	
	6266' and 6272'			72971	
		TUBING, CASING, AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12"	9-5/8"	12961	565 sixs	
	8-3/4	7*		7,0 0.25	
		24	61/47		
		Upper Zone as provide	d for 18 MU-1504.	12 - 1 he count to an exceed ton allows	
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this a	after recovery of total volume of load o lepth or be for full 24 hours)	il and must be equal to or exceed top allow-	
	OIL WELL Date First New Cil Run To Tanks		Producing Method (Flow, pump, gas	lift, etc.)	
		1-23 to 1-24-68	Pumping		
	1-14-68 Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hours	0	50#	2 th	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
	158	122	36	TSTM	
	GAS WELL		1000	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gidvity of Condensate	
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Piessuie (Dies)		
			OH CONSERV	VATION COMMISSION	
VI	. CERTIFICATE OF COMPLI	IANCE	OIL CONSER	√ ा ुु 1968	
	I hereby certify that the rules a	and regulations of the Oil Conservation ed with and that the information give	· · · · · · · · · · · · · · · · · · ·		
	above is true and complete to	the best of my knowledge and belief	BY		
	John Umonta		TITLE		
			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		
(Signature)		Il taste token on the Well ID ac	I that token on the Well In accordance with Roll		
	Autorized Agent		All sections of this form must be filled out completely for allow-		
		(Tiela)	hata are and sanamalated	Wells.	
		(Title)	able on new and recompleted	wells.	
	Jamery 25, 1968	1	able on new and recompleted Fill out only Sections I well name or number, or trans	, II, III, and VI for changes of or porter, or other such change of cr	
			able on new and recompleted Fill out only Sections I well name or number, or trans	wells.	