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SANTA FE		TONSERVATION COMMISS. TOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO THE	RANSPORT OIL AND NATH	RAL GAS
LAND OFFICE		Aug II II 40 AM	*CC
TRANSPORTER OIL		1100 11 11 40 791	U.J
GAS			
OPERATOR			
I. PRORATION OFFICE Operator			
Ernest A. Hanson			
!			
P. U. Box 1515, Ro	oswell, New Mexico		
Reason(s) for filling (Check proper	box)	Other (Please explai	n)
New Well	Change in Transporter of:		
Recompletion	Oi: Dry (Gas	
Change in Ownership	Casinghead Gas Cond	iensate	
If change of ownership give nam	P. C.		
and address of previous owner _			
W DECEMBER			
II. DESCRIPTION OF WELL AN	ID LEASE		
CSA Federal	1	Name, Including Formation	Kind of Lease
Location	I J ā	almat	State, Federal or Fee Federal
	0010		
Unit Letter;;	2310 Feet From The South L	ine and 330 Feet	From The West
1.472.24.222	m . 05 6 H	· ·	
Line of Section 29 ,	Township 26-South Range 3	37-East , NMPM,	Lea County
THE INTERIOR AND			***
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G	AS	
1			approved copy of this form is to be sent)
McWood Corporation Name of Authorized Transporter of	1	2003 Wilco Bldg, Mic	dland, Texas
Name of Adminized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	When
give location of tanks.	L 29 26-S 37-E	No	1
If this production is commingled	with that from any other lease or pool	, give commingling order numbe	r:
V. COMPLETION DATA			
Designate Type of Comple	tion - (X)	New Well Workover Deep	en Plug Back Same Res'v. Diff. Hes'v
	, ,	<u> </u>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-15-65	8-1-65	3400' dolo	3150'
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Jalmat	Yates Fm.	3116'	3110'
Perforations			Depth Casing Shoe
1 SPF @ 3116', 312	<u>0',</u> 3132' & 3135'		
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	8-5/8" csg.	323 '	125 sx. circ.
7-7/8"	5-1/2" csg.	3386'	200 sx.
	2-3/8" tbg.	3110'	200 3%.
		3.10	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of less	nd oil and must be equal to or exceed top allow-
OIL WELL	able for this d	epth or be for full 24 hours)	ia oil and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
August 1, 1965	August 1, 1965	Flowing	
August 1, 1965 Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	150# flowing	300#	7.4011
Actual Prod. During Test	Oil-Bbls.	300# Water-Bbls.	Gas-MCF
96 80	96 BO	27.5 011	GGG MG.
	90 bU	315_BW	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	
		Bots, Condensate/M.M.CF	Gravity of Condensate
esting Method (pitot, back pr.)	Tubing Pressure	Carlan Dan	
	1 421.119 1 1035410	Casing Pressure	Choke Size
I CEDAVETO INTO CO.		<u> </u>	
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSE	RVATION COMMISSION
		<u> </u>	·
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	, 19
		BY	, 19
-		1	
		TITLE	
		This farm is to 1 - 63	Lie compliance (d
- YOUND CON	CONTRACTOR	* 1	l in compliance with RULE 1104.
(Sig	nature)	Well, this form must be accommodated	allowable for a newly drilled or deepened
Operator		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
(Title)		All sections of this form	n must be filled out completely for allow-
August 10, 1965	•	able on new and recomplete	d wells.
	Jate)	Fill out Sections I, II,	III, and VI only for changes of owner,
(1)		well name or number, or trans	sporter, or other such change of condition.

able on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.