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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator		Robert C. Anderson	
Address		The Summit Building - Suite 411 5929 North May Avenue, Oklahoma City, Oklahoma 73112	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Ute Mtn. Ute	Well No.	1	Pool Name, Including Formation	Straight Canyon Dakota	Kind of Lease	Ute Mtn. Ute	
						State, Federal or Fee	Indian	
Location								
Unit Letter	L	1980	Feet From The	South	Line and	660	Feet From The	West
Line or Section	14	Township	31 North	Range	16 West	NMPM,	San Juan	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Inland Corp. Box 1528 Farmington, N.M.		Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Robert C. Anderson		P.O. Box 1528 Farmington, N.M. 87401					
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?		When
		L	14	31N	16W	No		

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spud led	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-29-75	10-3-75		2521					
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Straight Canyon	Dakota		2262		2297			
Dakota					Depth Casing Shoe			
Perforations					2521			
2262 to 2268, 2276 to 2279 with 2 shots/Ft.								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 7/8"	7" 20#		512		Cir. 224 sx.			
6 1/4"	4 1/2" 10.5#		2521		200 sx. 50-50 Pos.			
	2 3/8"		2297					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
10-3-75 303mcf/d	3 hrs.	None	
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pr.	95 Flowing	760 shut in 180 Flowing	1/4"

CERTIFICATE OF COMPLIANCE

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.

Ashton B. Gerew, Jr.
ASHTON B. GEREN, JR.
(Signature)

Agent & Consultant for: Robert C. Anderson,
(Title) Opr.

December 14, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 14 1979, 19
BY Original Signed by A. R. Kendrick
SUPERVISOR DISTRICT # 3
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 tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.