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WELL	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
GAS	
OPERATOR	
REGISTRATION 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
Anaco Production Company

Address
BOX 53, HOBBS, N. M. 88240

Changes for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	EFFECTIVE - 9-1-72
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	FORMERLY - MOBIL PL Co
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SOUTHLAND ROYALTY A 4	TUBB - GAS	State, Federal or Fee FEE	
Location			
Unit Letter X	660 Feet From The SOUTH Line and 660 Feet From The EAST		
Line of Section 9	Township 21-S	Range 37-E	County LEA

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorize Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TEXAS-NEW MEXICO PIPE LINE Co	BOX 1510 MIDLAND TEXAS 79701
Authorize Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
(1) NORTHERN NATURAL GAS (2) WARREN PETROLEUM Corp.	Box 308 Omaha Neb 68101 BOX 1589, TULSA OKLA 74102
If well produces oil or liquids, give location of tanks.	In gas actually connected? When
Unit B Sec 9 Twp 21 Rng 37	YES

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'tv.	Diff. Res'tv.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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

ON WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing (Shut-in)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I, _____, certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature) _____
AREA SUPERINTENDENT

(Title) _____

(Date) **SEP 8 1972**

OIL CONSERVATION COMMISSION

APPROVED **SEP 12 1972**, 19 _____

BY **Joe D. Ramey**
Dist. I. Supv.

TITLE _____

This form is to be filed in compliance with Rule 1104.

If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of the completion 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiphase

2000

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OIL CONSERVATION COMM.
1200 L. B.