NO. OF COPIES REC	EIVED	-	i		
DISTRIBUTIO	NC		-	1	
SANTA FE			1		
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	01				
TRANSI SITTER	G A	s	<u> </u>		
OPERATOR					
PRORATION OF	ICE		<u> </u>		
Operator					
Address				اا	
Address				1,1 Box	
Address Reason(s) for filing	Р.	0	. E	Зох	19
	Р.	0	. E	Зох	19
Reason(s) for filing	Р.	0	. E	Зох	19
Reason(s) for filing New Well	P.	0	. E	Зох	19
Reason(s) for filing New Well Recompletion	P.	0 ck p	e n	BOX er bo	19

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

SANTA FE		REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65
FILE		AUTHORIZATION TO TRAI	AND	Fliective 1-1-02
U.S.G.S.		AUTHORIZATION TO TRAI	NSPORT/OIL/AND NATURA	L GAS
LAND OFFICE		-	3 31 66	
TRANSPORTER	01-			
	SAS	' · · · · · · · · · · · · · · · · · · ·		
OPERATOR OFFICE		-		
I. PRORATION OFFIC	`E			
	ADJTAN II	NC .		
Address	APLIAN, LI			
P	. 0. Box	19598 - Dallas, Texas 7 52	.19	:
Reason(s) for filing (S	heck proper box,)	Other (Please explain)	
New Well		Change in Transporter of:	Effect	ive 9-1-66
Recompletion		Oil Dry Gas		
Change in Ownership_	J	Casinghead Gas X Condens	sate	
lf change of ownershi	n give name		,	
and address of previo				
				•
1. DESCRIPTION OF Lease Name	WELL AND	LEASE Well No. Pool Nam	ne, Including Formation	Kind of Lease
	m.dowana	3	Allison-Penn	State, Federal or Fee Federal
Location	nderson		ATTI SOII-T EIIII	reuerar
1	19	Feet From TheLine	e and 1150 Feet F	rom The
Unit Letter	; <i></i> ;	Feet From TheLine	e and reet r	rom The
Line of Section 2	9 . то	wnship 85 Range	37E , NMPM,	Roosevelt County
	. ,			
I. DESIGNATION OF	TRANSPOR	TER OF OIL AND NATURAL GA	s	
Name of Authorized Tr	ansporter of Oil	or Condensate	Address (Give address to which a	pproved copy of this form is to be sent)
1 1 6.00	agnolia Pi	ipeline Company	P. O. Box 900 - Dal	las, Texas upproved copy of this form is to be sent)
Name of Authorized Tr	ansporter of Car	singhead Gas 💢 or Dry Gas 🗌	Address (Give address to which a	pproved copy of this form is to be sent)
C	ities Ser	vice Oil Company	Bartlesville, Oklaho	
If well produces oil or	liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.		G 31 88 37E	Yes	6-1-61
If this production is	commingled wi	th that from any other lease or pool,	give commingling order number:	
V. COMPLETION DAT	ГА	Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res'v. Diff. Res'
Designate Type	of Completion		l solver	1
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool		Name of Producing Formation	Top Oil/Gas Pay .	Tubing Depth
		•		•
Periorations				Depth Casing Shoe
•				
		TUBING, CASING, AND	CEMENTING RECORD	
HOLES	IŻE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND	REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	d oil and must be equal to or exceed top allo
OIL WELL			pth or be for full 24 hours) Producing Method (Flow, pump, g	as lift etc.)
Date First New Oil Ru	in To Tanks	Date of Test.	Producing Method (1-tow, pump, g	us 191, every
T		Tuhing Drassure	Casing Pressure	Choke Size
Length of Test		Tubing Pressure	Ording Liesame	
Actual Prod. During T	'ost	Oil-Bbls.	Water-Bbls.	Gas - MCF
Actual Prod. During 1	est	OII-BBIS.		,
		<u> </u>	l	
GAS WELL		u.	•	
Actual Prod. Test-M	CF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	*			
Testing Method (pitot	, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
The state of the s	•			
VI. CERTIFICATE OI	E COMPT YAS	ICE	OII CONSE	RVATION COMMISSION
vi. CERTIFICATE OF	COMPLIAN	ICE	UIL CONSE	- CONTRACTOR CONTRACTO
	د مسریت پر		APPROVED	9 00719170196
I hereby certify that	the rules and	regulations of the Oil Conservation	II	>00 07 (141 146)

9-30-66

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

CAPITAN,

(Date)

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

Engineer District

TITLE _

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.

			•	
N	O. OF COPIES RECEIVED	_	. —	
	DISTRIBUTION	NEW MEXICO OIL CO	ONISERVATION COMMISSION	Form C-104
 S A I	NTAFE	HORRES SABOURES	FOR-ALLOWARI From	Supersedes Old C-104 and C-110
FIL			ONSERVATION COMMISSION FOR ALLOWABLE 10885 OFFICE O. AND NSBORT OIL AND NATURAL GAS	Effective 1-1-65
	S.G.S.	ALITHORETAMONUTO JRA	INSPORT OIL AND NATHRAL GAS	C. C.
į	ND OFFICE	AOTHOBIE MILIONING 33 M	1°65" 012 0'NOV 371 0172 000	
	OIL	- 	11 35 AM	' <i>6</i> 5
ĩR	ANSPORTER GAS			
	ERATOR	1		
	ORATION OFFICE			
h	rator			
	CAPITAN, INC.			
Add	ress			
	P. O. Box 19598	- Dallas, Texas 75219		
Rea	son(s) for filing (Check proper box		Other (Please explain)	
	/ Well	Change in Transporter of:		
	ompletion.	Oil Dry Ga	s Change in operator	effective 11-1-65
	inge in Ownership	Casinghead Gas Conder		
	address of previous owner		x 1757 Roswell, New Mexico	
	ise Name	Well No. Pool Na	me, Including Formation Kind	of Lease
	Anderson	3 Alli	son-Penn State	e, Federal or Fee Federal
	oution Unit Letter	80 Feet From The S Lin	e and	E
	Line of Section 29 , To	wnship 8-S Range 37	'-E , NMPM, Roolevelt	County
<u> </u>	Line of Section 20 , 10	wits.itp 5 France	7	
Nar	SIGNATION OF TRANSPOR THE OF Authorized Transporter of Oi Magnolia Pipeline THE OF Authorized Transporter of Co	e Company	Address (Give address to which approved co	exas
Nar		is inchiedd Gds N or Diff Gds	P. C. Dox 19598 Dall b.	•
	Capitan, Inc.		Is gas actually connected? When	70213
i	vell produces oil or liquids, e location of tanks.	Unit Sec. Twp. Rge.	yes 5	31
If th		ith that from any other lease or pool,	give commingling order number:	
	Designate Type of Completi	on $-(X)$ Oil Well Gas Well	New Well Workover Deepen Pluc	Back Same Resiv. Diff. Resiv.
Dat	te Spudded	Date Compl. Ready to Prod.	Total Depth	
i				

Nubin, Depth Top Oil/Gas Pay Name of Producing Formation 1001 Dep. Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-uble for this depth or be for full 24 hours) V. TES. DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Gas - MCF Oil-Bbls. Water - Bbls. Actual Prod. During Test

GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	I :			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	

VI. 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.

By: (2) (Signature)

Charles A. Graeber, Treasurer

(Title)

November 15, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19

TITLE ____

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