

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

DATA FE	
FILE	
J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
 Andarko Production Company
 Address: P. O. Box 9317, Fort Worth, Texas 76107

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): PRODUCED THIS LEASE UNIT EFFECTIVE JANUARY 15, 1971 - FORMER LEASE NAME WAS BOBB FEDERAL "OIL" - NOW TR. NO. 4

If change of ownership give name and address of previous owner: Reserve Oil & Gas Company, First Savings Bldg., Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Deas Yates Unit Tr. 4</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Deas Yates Seven Rivers v</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>885447-1</u>
Location: Unit Letter <u>G</u> , <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>20S</u> Range <u>33E</u> , N.M.P.M., <u>144</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Trans-Texas Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks: Unit <u>G</u> Sec. <u>13</u> Twp. <u>20S</u> Rge. <u>33E</u>	Is gas actually connected? <u>NO</u> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DS, 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		

V. 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)

OIL WELL

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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

M. F. Nelson
 M. F. Nelson (Signature)
 District Superintendent (Title)
 January 15, 1971 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY [Signature]
 TITLE DISTRICT SUPERINTENDENT

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 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 multiply completed wells.