

APR 16 '90

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I.

Operator <i>Tracer Energy, Inc.</i>	
Address <i>PO Box 1474 Graham, TX 76046</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Change of Operator effective April 1, 1990 at 7:00 am.

If change of ownership give name and address of previous owner ARCO Oil and Gas Co. P. O. Box 1610, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <i>West Anderson Ranch State</i>	Well No. <i>1</i>	Pool Name, including Formation <i>West Anderson Rch. Wolfcamp</i>	Kind of Lease <i>State, Federal or Fee State</i>	Lease No. <i>B-11454</i>
Location				
Unit Letter <i>E</i>	: <i>1980</i>	Feet From The <i>North</i> Line and <i>660</i>	Feet From The <i>West</i>	
Line of Section <i>9</i>	Township <i>16 South</i>	Range <i>32 East</i>	<i>NMPM, Lea</i>	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"/> <i>Roch oil</i>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Conoco Inc</i>	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 Sec. Twp. Rge. Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Eddie Mayo

(Signature)
President

(Title)
3/29/90

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 25 1990, 19

BY Paul Kautz
Geologist

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 only Sections I, II, III, and VI 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.

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APR 17 1990

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HOBBS OFFICE