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U.S.G.S.		
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		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

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Ute Mtn. Ute	3	Straight Canyon Dakota	Ute Mtn. Ute State, Federal or Fee Indian
Location			
Unit Letter	F	2310 Feet From The North Line and 2310 Feet From The West	
Line of Section	14	Township 31 North Range 16 West	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"/>	Address (Give address to which approved copy of this form is to be sent)		
Inland Corp. Box 1528 Farmington, N.M.	Inland Corp. P.O. Box 1528 Farmington, N.M. 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Robert C. Anderson	The Summit Building - Suite 411 5929 N. May Ave. Oklahoma City, Okla. 73112		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	F	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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-7-76	6-5-77	2559						
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Straight Canyon Dakota	Dakota sand	2292	2302					
Perforations	2292-2302, 2307-2312, 2345-2348, 2346-2348, 2468-2471 with 2 shots per foot.					Depth Casing Shoe		
					2559			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		530		Cir. 285 sx.			
6 1/4"	4 1/2"		2559		160 sx. 50-50 Pos.			
	2 3/8"		2302					

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
322 mcf/d	3 hrs.	None	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pr.	770 Shutin 38.5 Flowing	770 shutin 139 Flowing	1/2"

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. Geren, Jr.
Ashton B. Geren, Jr.
(Signature)

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

December 14, 1979
(Date)

OIL CONSERVATION COMMISSION

DEC 14 1979
APPROVED
Original Signed by A. W. Kendrick
BY
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.