## -: LE RECEIVE DISTRIBUTION W MEXICO OIL CONSERVATION COMMISSIO Form C -104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE DIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Walter W. Anderson Box 301, Caprock, New Mexico 88213 Reason(s) for filing (Check proper box) Other (Please explain) Recompletion Oil Dr. Cas Change in Ownership Casinghead Gas Condensate If change of ownership give name Amerada-Hess Corp., P. O. Box 2040, Tulsa, Cllahoma. and address of previous owner II. DESCRIPTION OF WELL AND LEASE ell No. | Poci Name, including Farmation 1 Kind of Lease 3. E. Anderson 1 State, Federal or Fee 🛮 🗜 🥴 C Jenkins-BouthC-Devenien Location B : 660 Feet From Tae North Link and 1980 \_ Feet From The East Line of Section 30 Township 98 , NMPM, Range 35E Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil \_\_\_ Well Temperarily Abandan of Dry Gas Address (Give address to which approved copy of this form is to be sent) Sec. P.ge. is acs actually connected? Unti If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Cil Well Workover Deepen Plug Back | Same Restv. Diff. Restv. Gas Well New Well Designate Type of Completion = (X) P.S.T.D Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD 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 allowable for this depth or be for full 24 hours) TEST 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 Casing Pressure Length of Test Tubing Pressure Water - Bbls. Gas - MCF Oil - Bhis. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

VI. CERTIFICATE OF COMPLIANCE

Walty W. Undleson

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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.

OIL CONSERVATION COMMISSION

ease No.

**AUG 15 1972** APPROVED\_ Orle. Signed by D. Russey BY. Dist, I, Supr.

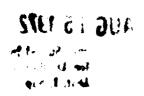
TITLE \_ This form is to be filed in compliance with RULE 1104.

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 pleted wells.



## RECEIVED

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