NO. OF COPIES RECEIVED	1			
DISTRIBUTION		THE MENICO OF	L CONSERVATION COMMISSION	Form C-104
SANTA FE	.— in E			Supersedes Old C-104 and C-1
FILE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ST FOR ALLIQUABLEFC.	Effective 1-1-65
U.S.G.S.	AUTHORIZ	ZATION TO	TRANSPORT OIL MID 65 TURAL	_ GAS
LAND OFFICE			MAR ZU O Zo mi ou	
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE		9 88_		
Operator		, . .		
Delaware-Apec	che Corporation	3		
-	uilding, Midlar			
Reason(s) for filing (Check proper tiew Well	Thunge in Tra	April 1,	1966 Office (1 sease explain)	
Recompletion	0.11	(= 1	y Gas	
Change in Cwnership	Casinghead G	as 📶 Co	ondensate	
If change of ownership give nam and address of previous owner				
DESCRIPTION OF WELL AN	ND LEASE	Wall No I Boo	ol Name, including Formation	Kind of Lease
Lease Name Anderson "A"		!	enkins Cisco	State, Federal or Fee Fee
Location.				
Unit Letter M;	660 Feet From Ti	se South	Line and 660 Feet Fro	om The West
10	Township 9-Sout	- h	35-Enst , NMPM,	Len County
Line of Section 19 ,	Township 9-5000	A Range	35-EBST , NMPM,	County
. DESIGNATION OF TRANSPO	ORTER OF OIL AN	D NATURAL	GAS	
Name of Authorized Transporter of	Oil 🔼 or Conde	ensate	Box 900. Dallas. T	proved copy of this form is to be sent)
Megnolia Pipe		or Dry Gas	Hox 606 Seminole	proved copy of this form is to be sent)
		EVa ve	i i	70701 DOX 15.57
If well produces oil or liquids,				
	Unit Sec.	Twp. Rge	. Is gas actually connected?	When
give location of tanks.	Unit Sec. M 19	1	. Is gas actually connected? Yes	March
give location of tanks. If this production is commingled	M 19	9 - s 3	· · · · · · · · · · · · · · · · · · ·	When
rive location of tanks. If this production is commingled. COMPLETION DATA	M 19 With that from any of	9-S 3	Yes ool, give commingling order number:	March 3, 1966
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Hole Size Test Data And Request Oil Well. Date First New Oil Bun To Tanks Length of Test	M 19 I with that from any of etion — (X) Date Compl. Read Name of Producing TUB CASING & Date of Test Tubing Pressure	ther lease or production of Formation ING, CASING, TUBING SIZE (Test must	S-E Yes ool, give commingling order number: ll New Well Workover Deepen Total Depth Top Off/Gas Pay AND CEMENTING RECORD DEPTH SET be after recovery of total volume of load uis depth or be for full 24 hours) Producing Method (Flow, pump, ga	When March 3, 1966 NO Plus Back Same Restv. Diff. Restv. P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT oil and must be equal to or exceed top allows lift, etc.) Choke Size

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

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Koy	H. La eeves			
	(Signature)			
Production Foreman				

Tubing Pressure

(Title)

Merch 24, 1966 (Date)

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.

Casing Pressure

APPROVED

TITLE __

BY_

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

OIL CONSERVATION COMMISSION

Choke Size

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.