NO. OF COPIES REC	EIVED			
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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
IRANSFORIER	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				
Theleware-Anache				

-	SANTA FE		CONSERVATION COMMISSIO	N Form C-104 Supersedes Old C-104 and C-110	
}	FILE	REQUEST	FOR ALLOWABLE	Effective 1-1-65	
-		**************************************	AND	DAL CAS	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPURT OIL AND NAT	IRAL GAS	
}	LAND OFFICE		,	E8 1 5 53 AM '66	
	TRANSPORTER OIL			*** 00	
	GAS				
	OPERATOR				
1.	PRORATION OFFICE				
	Operator				
	Delaware-Apache C	orporation			
	Address		.=		
	1720 Wilco Buildi	ng, Midland, Texas 7970			
	Reason(s) for filing (Check proper box)		Other (Please expl	in)	
	New Well	Change in Transporter of:			
	Recompletion	Cil Dry G	as		
ı	Change in Ownership	Casinghead Gas Conde	ensate		
ı					
	If change of ownership give name				
	and address of previous owner				
**	DESCRIPTION OF WELL AND I	EASE			
11.	DESCRIPTION OF WELL AND I	Lease No. Well No. Pool No.	ame, Including Formation	Kind of Lease	
			kins Cisco	State, Federal or Fee Fee	
	Anderson "A"		MIND CIDEO		
	Location		660	er From The West	
	Unit Letter <u>M</u> ; <u>66</u>	O Feet From The South Li	ne and Fe	et From The West	
			NP 704	Too	
	Line of Section 19 Town	nship 9-South Range 3	35-East , NMPM,	Lea County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS	ch approved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil	or Condensate	i i		
	McWood Corporatio	n	2003 Wilco Build	ling, Midland, Texas 79701	
	Name of Authorized Transporter of Casi	inghead Gas or Dry Gas	Address (Give address to wh	ich approved copy of this form is to be sent)	
	as as ph 60 40 to				
!	If well and upon ail or liquide	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
1	If well produces oil or liquids, give location of tanks.	M 19 9-S 35-E	E No	1-1/2 Months	
				ber: No	
	If this production is commingled with	n that from any other lease or pool,	, give comminging order num	210	
IV.	COMPLETION DATA	Cil Well Gas Well	New Weil Workover De	eepen Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	$\mathbf{x} - (\mathbf{X})$	x		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	· ·		9,806*	9 ,773'	
	December 15, 1965	February 9, 1966	Top Oil/Gas Pay	Tubing Depth	
,	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	9,734°	9,636	
	Jenkins Cisco	Bough "C"	7,13	Depth Casing Shoe	
	Perforations			9.806	
	9,734 - 38*			9,000	
			ID CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	15"	11-3/4"	420*	375 sacks	
	11"	8-5/8"	4,250	600 sacks	
	7-7/8"	4-1/2"	9,806	400 sacks	
		2-3/8"	9,636		
₹7	TEST DATA AND PROUEST FO	PALLOWABLE (Test must be	after recovery of total volume of	load oil and must be equal to or exceed top allow-	
٧.	OIL WELL	able for this d	tepin or de jor juit 24 noms,		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)	
	February 9, 1966	February 9-10, 1966	Flow		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hours	1,005#	Packer	12/64"	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	233 barrels	233	None	336	
	SOO NOTLETR				
	GAS WELL	T	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bara. Condensate/MMCF	Gravity or condensate	
				Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CON	SERVATION COMMISSION	
٧				`	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	, 19	
			a		
	above is true and complete to the	best of my knowledge and belief.	BY		
			!		
	District Engineer (Title) February 11, 1966		TITLE		
			This form is to be filed in compliance with RULE 1104.		
			The state of a sequent 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 allow-		
			All sections of this form must be filled out completely for know- able on new and recompleted wells.		
			Fill out only Sect	Fitt out only Sections I II. III. and VI for changes of owner,	
	(Da		well name or number, or	transporter, or other such change of condition.	
	(1)	,		tot he filed for each pool in multiply	

able 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.