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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
CHARTER	

MAR 07 1983

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Sanders Oil &amp; Gas Company

Address  
14679 Midway Road, Suite 101, Dallas, Texas 75234

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner N.A.

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Killgore et al	1	Undesignated Abo	State, Federal or Fee Fee	
Location	Unit Letter	Feet From The	Line and	Feet From The
	M	660	South	660
	Line of Section	Township	Range	County
21	8S	26E	NMPM,	Chaves

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
Transwestern Pipeline Co.	P. O. Box 2521, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	No Yes Unknown 6-27-86

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 Reservoir	Diff. Res.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Dec. 12, 1982	2-21-83	4807	4762					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3781 GR 3793 RKB	Abo	4348	4322					
Perforations			Depth Casing Shoe					
4350-4360 11 holes, 4489-4571 9 holes, 4690-4694 3 holes			4807					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	980	525					
7 7/8	4 1/2	4806	350					
	2 3/8 EUE	4322						

## 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Choke Size
		Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1010	4 hrs.	-0-	-
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr	910	910	Var.

## I. 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 above is true and complete to the best of my knowledge and belief.



Exploration Manager

March 3, 1983

## OIL CONSERVATION DIVISION

JUL 16 1986

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_  
Original Signed By  
Les A. ClementsTITLE \_\_\_\_\_  
Supervisor District IIThis form is to be filed in compliance with RULE 110.  
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. Form C-104 must be filed for each pool in monthly

Interoffice Memorandum

To: Andy Berdy  
From: Roy Hanson *RH*  
Subject: Initial Deliveries

Date: June 24, 1986  
Department: TW/Gas Control

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Date: 6/23/86  
Operator: Sanders Oil and Gas  
Company: Sanders Oil and Gas  
Field: Pecos Slope  
Reservoir: Abo  
Well: #1 Kilgore  
Meas. Station: NA  
Contract: 5552 PA

RJH:mag  
cc: L. Langston  
M. Minto  
J. Moore  
D. Ramirez  
A. Rieger  
S. Rutherford  
C. Truby  
B. Vance  
file

## HNG INTERSTATE GAS SUPPLY CONNECTION REQUEST

REVISION # \_\_\_\_\_

AFE # \_\_\_\_\_

DATE \_\_\_\_\_

The following well is approved for connection to the ☒ Transwestern System ☐ Florida Gas System

OPERATOR: Sanders Oil &amp; Gas

WELL NAME:

Kilgore No. 1-2-1-1#

FIELD: Pecos Slope

COUNTY: Chaves

STATE: NM

LOCATION: 6601 PSL &amp; 3860' FWL of Section

BY: (Gas Supply) W. K. Cheadle

21-T89-R26E

DATE

BY: (Gas Engineering)

DATE:

## GAS SUPPLY

DEDICATED OWNERSHIP	CONTRACT NUMBER	DEDICATED INTEREST	ELEVATION OFFICE DATE	CONN. AUTH.	AUTHORIZED UNIT PRICE
Sanders	N/A 5552-PA	100	3793	ASAP	PMT 95% SPECIAL

PRODUCING RESERVOIRS	S.I.P.	MMCF/D A.O.F.	EST. MAX. TAKE	MAXIMUM DELIVERY PRESS. OBLIGATION	CONTRACT NUMBER
ABO		1010	1000	1000	5552-PA N/A

SPECIAL REQUIREMENTS (Explanation Below) ☐ SOUR GAS ☒ PRODUCER TO LAY LINE  
☐ DEHYDRATION REQUIRED ☐ CONSIDER FOR EXCHANGE  
☐ OTHER

REMARKS: Producer to lay line to Transwestern and provide own meter station to our specs,

BY: Transwestern provide tap and be reimbursed by Sanders.

DATE:

Chuck Sanders Phone: 214-233-1882 MEASUREMENT

STATION NAME: SANDERS - KILGORE #1

PRODUCING RESERVOIR	PRODUCING STRING	FIELD & RESERVOIR NUMBER	STATION NUMBER	REQUIRED RUNWAY SIZE	A.S.A. DESIGN PRESSURE
ABO			1559-1		

TYPE STATION RECOMMENDED: Standard TW 2" Skid Mounted  
Daniel Meter Run with Barton Flow Recorder  
100" 1000" Range and Barton Temp. Recorder  
0-150°F Range

## BASIS OF MEASUREMENTS

PRESSURE BASE	14.65
TEMPERATURE BASE	60°F
BAROMETRIC PRESSURE	12.7

BY: Jack Moore

DATE: 4-30-86

## ENGINEERING PLANNING

WELL TIE IN POINT: 4" MAYFAIR-DEB STATE #1 LATERAL

LINE SIZE: 4" COMPRESSOR AFFECTED: 880 &amp; 886 OPERATING PRESSURE: 350 PSIG

ESTIMATED LENGTH: NONE ESTIMATED COST: \$8,000

INSERVICE REQUIRED: ☐ FIRM☒ MAP ATTACHED

REMARKS: TW TO SET HOT TAP, BLOWOFF &amp; RELIEF VALVE

BY: APPROVED: K E R

DATE: 5-5-86

JOB NUMBER TO BE CANCELLED.

## TECHNICAL SERVICES

CULTURAL RESOURCES: BY:

ENDANGERED SPECIES: BY:

APPROVED: DATE:

## DESIGN, CONSTRUCTION

LENGTH

METER RUN: SIZE ANSI RATING

TYPE

DEHYDRATOR: SIZE PRESS. RATING

TYPE

BY: DATE:

☐ DRAWING LIST ATTACHED

ESTIMATED COST

REMARKS:

APPROVED:

DATE:

(RETURN TO GAS SUPPLY)