

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

JAN 28 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator
Sanders Oil & 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.
Martin et al	1	Undesignated Abo	State, Federal or Fee Fee	N.A.
Location				
Unit Letter	J	1980 Feet From The	South Line and	1980 Feet From The
Line of Section	31	Township	8S	Range
			26E	NMPM, Chaves
				County

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	P. O. Box 2521, Houston, Tx. 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? When
	NO 7/12 Approx. 90 days

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't.	Diff. Res't.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Dec. 2, 1982	Jan. 6, 1983	4807 4208	4703					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3735 DF, 3736 KB, 3724 GR.	Abo	4614 4616	4563					
Perforations			Depth Casing Shoe					
4616-4626 W/12 holes			4703					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	869 959	447
7 7/8	4 1/2	4703	398
	2 3/8	4563	N.A.

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
816	4 hrs.	None	None
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
back pr.	975	1110	Var.

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.

Don McWhittaker
(Signature)Expt. Mgr.
(Title)1-25-83
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 16 1986, 19

BY Original Signed By

Les A. Clements

TITLE Supervisor District II

This 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.

Separate Form C-104 must be filed for each pool in multiple.

teroffice Memorandum

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

Date: June 24, 1986

Department: TW/Gas Control

Date: 6/24/86
Operator: Sanders Oil and Gas
Company: Sanders Oil and Gas
Field: Pecos Slope
Reservoir: Abo
Well: #1 Martin
Meas. Station: 155A-1
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

AFE # _____

REVISION # _____

DATE _____

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

OPERATOR: Sanders Oil & Gas

WELL NAME:

Martin #1

FIELD: Pecos Slope

COUNTY: Chaves

STATE: NM

LOCATION: ARTESIANO OFFICE & 1980' EWT Section

BY: (Gas Supply) W. K. Cheadle

31-T8S-R26E

DATE

BY: (Gas Engineering)

DATE:

GAS SUPPLY

DEDICATED OWNERSHIP	CONTRACT NUMBER	DEDICATED INTEREST	ELEVATION	DATE CONN. AUTH.	AUTHORIZED UNIT PRICE
Sanders	5552-PA	100%	-	ASAP	PAMI 95% SPECIAL

PRODUCING RESERVOIRS	S.I.P.	MMCF/D		MAXIMUM DELIVERY PRESS. OBLIGATION	CONTRACT NUMBER
		A.O.F.	EST. MAX. TAKE		
ABO	992	1.146	1.1	1000	N/A 5552-PA

SPECIAL REQUIREMENTS (Explanation Below)

☐ SOUR GAS☐ DEHYDRATION REQUIRED☐ OTHER☒ PRODUCER TO LAY LINE☐ CONSIDER FOR EXCHANGE

REMARKS:

Operator to lay line over to Transwestern and provide meter station to Transwestern
BY: specs. Transwestern to provide tap and will be reimbursed by Operator. DATE:

Chuck Sanders Phone:

MEASUREMENT

STATION NAME:

SANDERS 214-233-1882

MARTIN #1

PRODUCING RESERVOIR	PRODUCING STRING	FIELD & RESERVOIR NUMBER	STATION NUMBER	REQUIRED RUNWAY SIZE	A.S.A. DESIGN PRESSURE
ABO			155A-1		
			155A-1		

TYPE STATION RECOMMENDED: Standard TV 2" Skid Mounted

Daniel Meter Run, with Barton Flow Recorder
100" 1000# Range and Barton Temp Recorder
0-150°F Range.

BY:

Jack Moore

BASIS OF MEASUREMENTS

PRESSURE BASE 14.65
TEMPERATURE BASE 60°F
BAROMETRIC PRESSURE 12.7

DATE: 4-30-86

ENGINEERING PLANNING

WELL TIE IN POINT: 10" BITTER LAKES LOOP

LINE SIZE: 4" COMPRESSOR AFFECTED: 8800 BSCG

OPERATING PRESSURE: 350 PSIG

ESTIMATED LENGTH: NONE

ESTIMATED COST: \$8,000

INSERVICE REQUIRED:

☐ FIRM

MAP ATTACHED

REMARKS:

TWO TO SET HOT TAP, BLOW OFF & RELIEF VALVE

BY:

APPROVED: K.E. K.

DATE: 5-9-86

JOB NUMBER TO BE CANCELLED.

TECHNICAL SERVICES

CULTURAL RESOURCES:

BY:

ENDANGERED SPECIES:

BY:

APPROVED:

DATE:

DESIGN, CONSTRUCTION

LENGTH

METER RUN: SIZE

ANSI RATING

☐ DRAWING LIST ATTACHED

TYPE

ESTIMATED COST

DEHYDRATOR: SIZE

PRESS. RATING

REMARKS:

TYPE

BY:

DATE:

APPROVED:

DATE:

(RETURN TO GAS SUPPLY)