- 1					
U	NO. OF COPIES RECEIVED		3		
1	DISTRIBUTION				
	SANTA FE				
	FILE	_		1	
	U.S.G.S.				
	LAND OFFICE				
	TRANSPORTER	OIL	\coprod		
		GAS			
1.	OPERATOR		}		
	PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED								
	TRANSPORTER GAS								
	OPERATOR	OCT 2 7 1972							
	PRORATION OFFICE								
•	Operator	n, C, C,							
	Dorchester Exploration, Inc. Certific Chodes Address								
	1204 Vaughn Building, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)								
	New Well	Change in Transporter of:							
	Recompletion	Oil Dry Gas							
	Change in Ownership	Casinghead Gas Condens	sate						
	If change of ownership give name								
	and address of previous owner								
**	DESCRIPTION OF WELL AND I	EACE							
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For		-					
	Anderson Fidinal	1 Anderson	Penn State, Federa	al or Fee Federal NM 7752					
	Location								
	Unit Letter 0; 660	Feet From The South Line	and 1980 Feet From	The East					
	Line of Section 7 Tow	nship $17-S$ Range 3	30-E , NMPM, Edd	♥ County					
	Line of Section Tow	namp 11-0 Range	30-22 , m, 22-cc						
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	5						
	Name of Authorized Transporter of Oil		Address (Give address to which appro						
	The Permian Corporat Name of Authorized Transporter of Cas.	ion	Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)						
	Natural Gas Pipeline	i	Box 236, Midland,						
		Unit Sec. Twp. Ege.	Is gas actually connected? Wh	nen /9					
	If well produces cil or liquids, give location of tanks.	0 7 17-S 30-E	Yes	October 18, 1972					
	If this production is commingled with	h that from any other lease or pool, g	give commingling order number:	'					
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completio		X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	1-15-72	5-18-72	11,060	11,027					
	Elevations (DF, KKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	3662 G L	Penn (Morrow)	10,844	10.500 Depth Casing Shoe					
	Perforations 10844-848 10858	8/3 10894.884		11, 059					
	10844-848 16338	TUBING, CASING, AND	CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	15	11 3/4	515	375					
	10, 3/4	8 5/8	3500	350 500					
	77/8	5 1/2 2 3/5"	11059	300					
	THE PART AND PROVINCE FOR	<u></u>	<u> </u>	l and must be equal to or exceed top allow-					
V.	TEST DATA AND REQUEST FO	able for this dep	pth or be for full 24 hours)						
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)					
			Casing Pressure	Choke Size					
	Length of Test	Tubing Pressure	Control Pressure						
	Actual Prod. During Test	Oil-Bbls.	Water-Bble. RECEIV	- MCF					
			RECEI						
			OCT 261972						
	GAS WELL	Length of Test	at Condensate						
	Actual Prod. Test-MCF/D Length of Test 24 hours		7 Casing Pressure (Shut-in)	EXICO 668					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
	pitot	2350	ркг	32/04					
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION					
			APPROVED NOV 1 1972 , 19						
	I hereby certify that the rules and a Commission have been complied	regulations of the Oil Conservation	APPROVED THE						
	above is true and complete to the	best of my knowledge and belief.	BY L. C. Standard						
			TITLE OIL AND GAS INSPECTOR						
	y .	. 1	This form is to be filed in compliance with RULE 1104.						
	exhi to	id h	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.						
	(Sign	atwe) /							
	Engineer								
	•	tle) 72							
	October 24, 197	(Z							
	(be filed for each nool in multiply					

Separate Forms C-104 must be filed for each pool in multiply completed wells.

e en en e