



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Chama Petroleum Company	
Address P.O. Box 31405 Dallas, Texas 75231	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson Com	Well No. 1	Pool Name, including Formation Cemetery Morrow	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>20S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>10</u>	Twp. <u>20</u>	Rge. <u>25</u>	Is gas actually connected? <u>YES</u>	When <u>10-4-85</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

TR Mc Donald
(Signature)
Engineering Manager
(Title)
September 11, 1985
(Date)

OIL CONSERVATION DIVISION
OCT 15 1985
APPROVED _____, 19____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector
This form is to be filed in compliance with RULE 1104.
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 Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resist.	Diff. Resist.
			X	X					
Date Spudded 2/10/85	Date Compl. Ready to Prod. 4/13/85		Total Depth 9640'				P.B.T.D. 9546'		
Elevations (DF, RKB, RT, CR, etc.) 3404.3' GL	Name of Producing Formation Morrow		Top Oil/Gas Pay 9389'				Tubing Depth 9312'		
Perforations 9389' - 9414'							Depth Casing Shoe 9630'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	350' KB	350 sxs. Class C
11"	8-5/8"	3020' KB	650 sxs. Hall-lite 8
			250 sxs. Class C
7-7/8"	4-1/2"	9630' KB	775 sxs. Class H

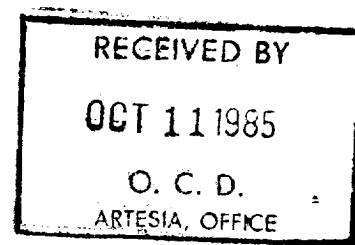
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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 276	Length of Test 4 hours	Bble. Condensate/MMCF TSTM	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1800	Casing Pressure (Shut-in) 0	Choke Size 10/64"

OIL CONSERVATION DIVISION
P. O. DRAWER DD
ARTESIA, NEW MEXICO 88210



DATE: October 9, 1985

NOTICE OF GAS CONNECTION

This is to notify the Oil Conservation Division that connection for the purchase of

gas from the Chama Petroleum Company
OPERATOR
Anderson Fed Com #1, Eddy, 10-20-25
LEASE & WELL COUNTY UNIT S-T-R
Cemetery Morrow, El Paso Natural Gas Company
POOL NAME OF PURCHASER
was made on October 4, 1985, 42503-6-01
DATE SITE CODE & SITE WELL NUMBER

EL PASO NATURAL GAS COMPANY
PURCHASER

ROBERT PATTERSON - Representative

Systems Dispatching Production
Coordinator, Title

c: Oil Conservation Division
State of New Mexico
P. O. Box 2088
Santa Fe, New Mexico 87501

Production Control - M/O
Gas Purchases - M/O
Operator
Earl Smith, Production - Jal
Charlie Annett - Midland
Joe Robinson - Jal
Eunice Field Lines
Jal Field Lines
Bill Cranford - Jal
Carl Frymire - Jal
File